State: Illinois

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

Eligibility	Self-	Self-	Electronic	Reasonable	Specify	Ask for a	Paper	Comments
Factor	Attestation	Attestation	Data	Compatibility	Reasonable	Reasonable	Documentation	
	Accepted	Accepted	Source	Standard Used	Compatibility	Explanation	Required from	
	without	with Post-	Used		Standard for	from the	the Individual	
	Additional	Eligibility	(Y/N)		Income	Individual	(Y/N)	
	Verification	Verification				(Y/N)		
	(Y/N)	(Y/N)				, , ,		
Income*	No	No	Yes	Attested amount	30%	Yes	Yes	IL allows self-attestation for
				is below the				income when there are no
				standard but the electronically				electronic sources available.
				verified amount				If the individual attests to
				is above the				income below the applicable
				standard.				standard but the electronic
				Percent				data source indicates income
				Threshold				above the applicable standard
								and the difference between the
								two is greater than 30%, the
								state will first request a
								reasonable explanation from
								the individual and/or request
								paper documentation. If the
								difference between what the
								individual attests to and what
								the electronic data source finds
								is within 30% then the
								individual is deemed eligible. If
								an individual attests to income
								above the standard and data
								source is below, the individual
								will be determined ineligible

State: Illinois

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

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
								and referred to the Marketplace.
Residency	No	No	Yes	N/A	N/A	Yes	Yes	If electronic verification is not available or current (last updated), the State requests a reasonable explanation and/or paper documents to verify residency if the inconsistency would impact the individual's eligibility.  State uses the Secretary of State database to establish Illinois residency.
Age (Date of Birth)	No	No	Yes	N/A	N/A	Yes	Yes	The state reviews the DOB data from SSA. If there is a discrepancy between applicant reported DOB and SSA, the state will request an explanation and/or paper documentation from the individual.
Social Security Number **	No	No	Yes	N/A	N/A	Yes	Yes	If electronic verification indicates a discrepancy, the state requests documents and

State: Illinois

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

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
								resubmits to SSA as a post- eligibility verification.
Citizenship **	No	No	Yes	N/A	N/A	N/A	Yes	If electronic verification indicates a discrepancy, the state requests documents and resubmits to SSA as a posteligibility verification.
Immigration Status **	No	No	Yes	N/A	N/A	N/A	Yes	If electronic verification is not available, or there is an inconsistency between the attestation and the information from the data sources, the State requests documents to verify citizenship.
Household Composition	No	No	Yes	N/A	N/A	Yes	Yes	Illinois' new integrated eligibility system (IES) will identify any instances where the same individual is reported as living in more than one household receiving medical, SNAP or cash benefits. If there is an inconsistency between attestation and the IES or other sources that has an impact on

State: Illinois

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

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	eligibility a reasonable explanation and/or paper documentation will be requested. No other source has been identified for verifying current household composition so the state will otherwise accept self-attestation.
*** Caretaker Relative	Yes	No	Yes	N/A	N/A	No	No	No known electronic source is available for non-TANF applicants. Relationship to the 5th degree is accepted. Proof of such relationship would be unduly burdensome if not impossible to produce. No other source has been identified for verifying current caretaker relative so the state will otherwise accept selfattestation.  However, if the State identifies a discrepancy through the IES

State: Illinois

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

Eligibility	Self-	Self-	Electronic	Reasonable	Specify	Ask for a	Paper	Comments
Factor	Attestation	Attestation	Data	Compatibility	Reasonable	Reasonable	Documentation	<b>3</b> 3
	Accepted	Accepted	Source	Standard Used	Compatibility	Explanation	Required from	
	without	with Post-	Used	Standard Osca	Standard for	from the	the Individual	
	Additional	Eligibility	(Y/N)		Income	Individual	(Y/N)	
	Verification	Verification	(1,11,			(Y/N)	(.,,	
	(Y/N)	(Y/N)				(.,,		
								or other sources then
								additional information may be
								requested from the individual.
Medicare	No	No	Yes	N/A	N/A	Yes	Yes	Medicare status is obtained
								from SSA.
Application	Yes	No	No	N/A	N/A	No	No	State accepts self-attestation.
for Other								
Benefits								
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).

#### MAGI-BASE ELIGIBILITY VERIFICATION PLAN

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

## Section A: Verification Procedures for Factors of Eligibility

Date Updated: 5/10/2024

State: Illinois

- \*\* 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

#### Section B1. Use of Electronic Data Sources - Financial:

Date Updated: 5/10/2024

State: Illinois

						of Electronic Dat		nanciai:				
Electronic Data	Determined	Accuracy	Timeliness	Ability to	Age of Data	Comprehensive	Other	Data	Data	Data	If Data	Comments
Source	Useful (Y/N)	Considered	Considered	Access	Considered	Considered	Criteria	Source	Source	Source	Source	
		(Y/N)	(Y/N)	Considered	(Y/N)	(Y/N)	Used (Y/N)	Used at	Used at	Used Post-	Used for	
				(Y/N)			(Please	Applica	Renewal	Enrollment	Post-	
							Describe in	tion	(Y/N)	(Y/N)	Enrollment	
							Comments	(Y/N)			Frequency	
							section)				Used (e.g.	
											monthly,	
											quarterly)	
1. Internal	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Illinois will not obtain
Revenue												federal tax information
Service (IRS)												from the data services
' '												hub because IRS
												security requirements
												are extremely
												burdensome and
												severely limit the utility
												of this source, the tax
												data is not current or
												available quickly and
												data obtained from the
												IRS cannot be used for
												SNAP or cash
												determinations thus
												precluding integrated
												eligibility dispositions.
												When no other source
												of verification is
												available, tax returns
												can be requested to be
												provided by applicants
												or clients.

State: Illinois

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

				26	ection RT. Ose	of Electronic Dat	a Sources – Fi	nanciai:				
Electronic Data	Determined	Accuracy	Timeliness	Ability to	Age of Data	Comprehensive	Other	Data	Data	Data	If Data	Comments
Source	Useful (Y/N)	Considered	Considered	Access	Considered	Considered	Criteria	Source	Source	Source	Source	
		(Y/N)	(Y/N)	Considered	(Y/N)	(Y/N)	Used (Y/N)	Used at	Used at	Used Post-	Used for	
				(Y/N)			(Please	Applica	Renewal	Enrollment	Post-	
							Describe in	tion	(Y/N)	(Y/N)	Enrollment	
							Comments	(Y/N)			Frequency	
							section)				Used (e.g.	
											monthly,	
											quarterly)	
2. Social Security Administration (SSA) (SSI, Title II)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Monthly	State receives monthly feed through its current data match with SSA for program integrity or if notified of changes postenrollment. State uses data obtained from the State Online Query (SOLQ) real time connection to verify SSA Title II income at intake and again at renewal.
3. State Wage Information Collection Agency (SWICA)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Monthly	State receives monthly feed post-enrollment for program integrity or if notified of changes. Law was passed in IL requiring specific employers with certain number of employees to submit monthly

State: Illinois

(Insert Medicaid, CHIP or Both):  $\underline{\text{Medicaid \& CHIP}}$ 

			•			of Electronic Dat					•	
Electronic Data	Determined	Accuracy	Timeliness	Ability to	Age of Data	Comprehensive	Other	Data	Data	Data	If Data	Comments
Source	Useful (Y/N)	Considered	Considered	Access	Considered	Considered	Criteria	Source	Source	Source	Source	
		(Y/N)	(Y/N)	Considered	(Y/N)	(Y/N)	Used (Y/N)	Used at	Used at	Used Post-	Used for	
		,	,	(Y/N)		, ,	(Please	Applica	Renewal	Enrollment	Post-	
				(1711)			Describe in	tion	(Y/N)	(Y/N)	Enrollment	
							Comments	(Y/N)	(.,,	(.,,	Frequency	
							section)	( ' / ' ' ' /			Used (e.g.	
							Sections				monthly,	
											•	
											quarterly)	
												wage information. This
												is being phased in
												(from quarterly).
												However, for other
												employer types, State
												is still requesting
												information quarterly.
4. State	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Monthly	State receives monthly
Unemployment												feed post-enrollment
Compensation												for program integrity or
·												if notified of changes.
5. State	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Monthly	State receives monthly
Administered											,	feed post-enrollment
Supplementary												for program integrity or
Payment												if notified of changes.
Program												in notifica of changes.
6. State	No	No	No	Yes	No	No	No	No	No	No		The State General
General	1,40		'*0	103	1,40	140	'*0	100	140	140		Assistance program has
Assistance												been discontinued in
Programs	.,	ļ.,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,	.,				.,	.,		Illinois.
7.	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Monthly	State receives monthly
Supplemental												feed post-enrollment
Nutrition 8.												

State: Illinois

(Insert Medicaid, CHIP or Both):  $\underline{\text{Medicaid \& CHIP}}$ 

			I			of Electronic Dat			_	_	l	_
Electronic Data	Determined	Accuracy	Timeliness	Ability to	Age of Data	•	Other	Data	Data	Data	If Data	Comments
Source	Useful (Y/N)	Considered	Considered	Access	Considered	Considered	Criteria	Source	Source	Source	Source	
		(Y/N)	(Y/N)	Considered	(Y/N)	(Y/N)	Used (Y/N)	Used at	Used at	Used Post-	Used for	
				(Y/N)			(Please	Applica	Renewal	Enrollment	Post-	
							Describe in	tion	(Y/N)	(Y/N)	Enrollment	
							Comments	(Y/N)			Frequency	
							section)				Used (e.g.	
							,				monthly,	
											quarterly)	
Assistance												for program integrity or
Program												if notified of changes.
(SNAP)												State uses this data
												source for raw income
												data (distinct from the
												MAGI calculation).
8. Temporary	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Monthly	State receives monthly
Assistance for												feed post-enrollment
Needy Families												for program integrity or
(TANF)												if notified of changes.
` '												State uses this data
												source for raw income
												data (distinct from the
												MAGI calculation).
9. Office of	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Monthly	State receives monthly
Child Support											,	feed post-enrollment
Enforcement												for program integrity or
(OCSE)												if notified of changes.
10. State	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No		State law mandates use
Income Tax												of State Income Tax
35												data. Age of this data
												may not be within the
												state's definition of
		<u> </u>	l									state 3 definition of

State: Illinois

(Insert Medicaid, CHIP or Both):  $\underline{\text{Medicaid \& CHIP}}$ 

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

## Section B1. Use of Electronic Data Sources – Financial:

Date Updated: 5/10/2024

State: Illinois

Electronic Data	Determined	Accuracy	Timeliness	Ability to	Age of Data	Comprehensive	Other	Data	Data	Data	If Data	Comments
			Considered	Access	Considered	Considered	Criteria	Source	Source	Source	Source	Comments
Source	Useful (Y/N)	Considered										
		(Y/N)	(Y/N)	Considered	(Y/N)	(Y/N)	Used (Y/N)	Used at	Used at	Used Post-	Used for	
				(Y/N)			(Please	Applica	Renewal	Enrollment	Post-	
							Describe in	tion	(Y/N)	(Y/N)	Enrollment	
							Comments	(Y/N)			Frequency	
							section)				Used (e.g.	
											monthly,	
											quarterly)	
												Number post-
												enrollment for program
												integrity purposes or if
												notified of changes
												needed.
12. Other:												
(Please												
describe any												
additional												
electronic data												
sources in the												
space												
below)												
PARIS	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Quarterly	Veterans' income
												information and
												potential TPL is
												investigated at
												redetermination or if
												high unreported
												income is identified.

<sup>\*</sup> Footnote Option 2 - The state marked any criterion YES if it was considered as a reason the data source was determined useful/not useful.

(Insert Medicaid, CHIP or Both): Medicaid & CHIP State: Illinois

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

State: Illinois

Electronic Data Source	To Be Used (Y/N)	Social Security Number		Status			Pregnancy	Household Composition	Caretaker Relative		Application for other Benefits		Data Source Used at Application (Y/N)	(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	Monthly	The state reviews the DOB data from SSA. If there is a discrepancy between applicant reported DOB and SSA, the state will request an explanation and/or paper documentation from the individual. Utilized at renewal and postenrollment for Medicare verification.
2. Department of Homeland Security (DHS) SAVE	Yes	No	No	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Other (specify in comments)	The state uses information from the federal HUB for Step 1 of the process. If the status is not confirmed, the state uses existing SAVE data matches (manual process) to complete Steps 2 and 3.
3. Vital Statistics	Yes	No	Yes	No	No	Yes	No	No	No	No	No	No	Yes	No	No	Other (specify in comments)	Vital records may be used for citizenship and Age/DOB verification at the

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

State: Illinois

Electronic	То	Social	Citizenshin	Immigration	Residency	Δσe/DOR	Pregnancy	Household	Caretaker		Application		Data	Data	Data	If Used for	Comments
Data Source	Be Used	Security Number	Citizensiiip	Status	Residency	Age/DOB	regnancy	Composition	Relative	Wicalcare	for other Benefits	Other	Source Used at	Source Used at	Source Used Post-	Post- Enrollment	Comments
	(Y/N)												Application (Y/N)	Renewal (Y/N)	Enrollment (Y/N)	Frequency Used (i.e. monthly, quarterly)	
																	secondary level if the electronic interface with SSA fails to confirm. Data source may be used to verify Caretaker Relative service if discrepancy is discovered.
4. Department of Motor Vehicles (DMV)	Yes	No	No	No	Yes	No	No	No	No	No	No	No	Yes	Yes	No		
5. Temporary Assistance for Needy Families (TANF)	Yes	No	No	No	Yes	No	No	Yes	No	No	No	No	Yes	Yes	No		For those known through the TANF program, the state will use the IES system to verify caretaker relative status
6. Supplemental Nutrition Assistance Program	Yes	No	No	No	Yes	No	No	Yes	No	No	No	No	Yes	Yes	No		For those known through the SNAP program, the state will use the IES system to verify caretaker relative status
7. Office of Child Support Enforcement	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No		Does not provide relevant non-financial information.
8. State General Assistance Programs	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No		The State General Assistance program has been discontinued in Illinois.

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

State: Illinois

								tion B2. Use of Ele									
Electronic Data Source	To Be Used (Y/N)	Social Security Number		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
9. Women, Infants and Children Program (WIC)	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No		The Illinois WIC program verifies against Medicaid data rather than vice-versa.
10. State Income Tax  11. Commercial	Yes	Yes	No	No	Yes	No	No	No	No	No	No	No	Yes	No	No		The state income tax data will be used for verifying residency and SSN at a secondary level. This data is requested as frequently as necessary to determine eligibility. Only use for SSN if verified with SSA first.
database: (Please describe any commercial databases in the space below)																	
12. PARIS*	Yes	No	No	No	Yes	No	No	No	No	No	No	Yes	No	Yes	Yes	Quarterly	PARIS involves matching people who are already enrolled to verify if applicant has coverage in another State and as a back-up for Residency. It is not useful for

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

State: Illinois

Electronic	То	Social	Citizenship	Immigration	Residency	Age/DOB	Pregnancy	Household	Caretaker	Medicare	Application	Other	Data	Data	Data	If Used for	Comments
Data Source	Ве	Security		Status				Composition	Relative		for other		Source	Source	Source	Post-	
	Used	Number									Benefits		Used at	Used at	Used Post-	Enrollment	
	(Y/N)												Application	Renewal	Enrollment	Frequency	
													(Y/N)	(Y/N)	(Y/N)	Used (i.e.	
																monthly,	
																quarterly)	
																	making initial
																	eligibility
																	determinations.
13. Other:																	
(Please																	
describe																	
additional																	
electronic																	
data sources																	
in the space																	
provided																	
below)																	

<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.

State: Illinois

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

# 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	No	Yes	Yes	No	Must be applied	HFS takes all reasonable measures to ascertain the legal liability of third party payers via the cross match of eligible recipients/clients with Illinois health insurance carriers as required by Section 6035 of the Deficit Reduction Act of 2005. These same policies apply to IL's Medicaid Expansion applicants as well. (Similarly, for IL's Medicaid Expansion population, questions 2-6 are N/A).
2. Applicant does not have access to affordable ESI					N/A	Illinois' Title XXI State Plan Amendment #8 has been approved. This criteria is applied at renewal to cases with income in excess of 200% FPL.
3. When child has had coverage (as applicable to					N/A	

State: Illinois

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

Section C. Additional Factors of Eligibility for Separate CHIP

Eligibility Factor	Self-Attestation	Self-Attestation	Electronic Data	Paper	Non-	Comments
	Accepted without	Accepted with	Source Used (Y/N)	Documentation	Applicable	
	Additional	Post-Enrollment	If Yes, please	Required from	(N/A)	
	Verification	Verification (Y/N)	describe in	the Individual		
		, , ,	comments	(Y/N)		
states' waiting						
period)						
4. Access to public					N/A	Illinois covers children with
employee						access to public employee
coverage						coverage at state expense.
5a. Waiting period					N/A	
exception #1						
(describe):						
5b. Waiting period					N/A	
exception						
#2 (describe):						
5c. Waiting period					N/A	
exception						
#3 (describe):						
5d. Waiting period					N/A	
exception #4						
(describe):						
5e. Waiting period					N/A	
exception #5						
(describe):					,	
5f. Waiting period					N/A	
exception #6						
(describe):					1	
5g. Waiting period					N/A	
exception						
#7 (describe):						

State: Illinois

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

Section C. Additional Factors of Eligibility for Separate CHIP

			iai i actors of Eligibilit	, ioi ocpaiate ciiii		
Eligibility Factor	Self-Attestation	Self-Attestation	Electronic Data	Paper	Non-	Comments
	Accepted without	Accepted with	Source Used (Y/N)	Documentation	Applicable	
	Additional	Post-Enrollment	If Yes, please	Required from	(N/A)	
	Verification	Verification (Y/N)	describe in	the Individual		
			comments	(Y/N)		
5h. Waiting period					N/A	
exception						
#8 (describe):						
5i. Waiting period					N/A	
exception						
#9 (describe):						
5j. Waiting period					N/A	
exception						
#10 (describe):						
6. Other eligibility						
factors or						
exceptions to						
eligibility factors:						
(Please describe in						
the space provided						
below)						

State: Illinois

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

# Section D. Additional Verification Questions

	Question	Response
1	,	·
1	If paper documentation is required when a data	We have already determined that the security
	source is not available or the information	regulations, timeliness elements, and other
	obtained from a data source is not reasonably	administrative complexities make using the IRS
	compatible with the information provided by or	data for FTI unduly burdensome. Additionally
	on behalf of the individual, briefly describe how	the data may not be used for other programs,
	the state determined that establishing and using	(SNAP, Cash) rendering this program less useful
	an electronic data source was not effective,	for our integrated eligibility system. However
	considering such factors as cost and program	we use electronic data that is necessary to
	integrity in accordance with 42 CFR 435.952(c):	determine initial eligibility and redeterminations,
		both financial and non- financial, when it is
		available and provides the information required
		in an acceptable timeframe, as evidenced by the
		numerous sources we cited in our earlier
		responses in this document. Paper
		documentation is requested from the applicant/
		recipient when we do not accept self-attestation
		and there is no accessible electronic source, or if
		there is a discrepancy that cannot be resolved
		with the information we have available.
		State intends to utilize multiple backup data
		sources such as Vital Records for citizenship,
		prior to requesting paper documentation.
2	Please describe how the state uses PARIS?	PARIS Interstate file is used to identify individuals
	Thease describe now the state ases 174(4)5.	potentially living in another state while receiving
		IL medical assistance. Contact by mail is made
		with the household to determine current IL
		residence. IL has not had a case on the Federal
		file for a number of years. The Veterans file is
		used to identify unbudgeted VA benefits and to
		work with veterans to identify enhanced benefits

State: Illinois

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

## **Section D. Additional Verification Questions**

	Question Questions	Response
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use	available from all sources. Veterans income information and potential TPL is investigated at redetermination or if high unreported income is identified. Interstate receipt of benefits are reviewed when identified on PARIS match.  NO
	alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1	
	<ul> <li>). If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements:</li> <li>1) Reduces administrative costs and burdens on both individuals and the State,</li> <li>2) Maximizes accuracy and minimizes delay,</li> <li>3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and</li> <li>4) Promotes coordination with other insurance affordability programs.</li> </ul>	
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 state meets the following requirements:	Illinois has a permanent Hub waiver dated 2/14/14 for SSA Title II and SAVE VLP Steps 2 & 3.

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

#### **Section D. Additional Verification Questions**

Date Updated: 5/10/2024

State: Illinois

	Question	Response
	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

The state reserves the right to investigate any identified discrepancy between what an individual reports and any other source of information concerning an eligibility factor. If electronic verification is not available or current, the state requests documentation to verify eligibility.

Section A: updates from 5/10/24 are effective 6/1/24.

#### Section B1. Additional Comments

The state reserves the right to investigate any identified discrepancy between what an individual reports and any other source of information concerning an eligibility factor. If electronic verification is not available or current, the state requests documentation to verify eligibility.

#### Section B2. Additional Comments

The state reserves the right to investigate any identified discrepancy between what an individual reports and any other source of information concerning an eligibility factor. If electronic verification is not available or current, the state requests documentation to verify eligibility.

Section C. Additional Comments-Updates from 5/10/24 are effective 6/1/24.