

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

State:

Date Submitted: (mm/dd/yyyy)

Medicaid & CHIP

New Hampshire

08/19/2025

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	YES	YES	Both are above, at or below the applicable income standard.	10%	YES	YES	<p>If the individual attests to income below the applicable standard but the date source indicates income above the applicable standard, if the difference between the two is 10% or less, the state will consider the information reasonably compatible. If greater than 10% a reasonable explanation or paper documentation will be requested. In the instance of an individual attesting to income above the standard, but data source shows the income is below the standards, the individual will be ineligible for Medicaid and we would forward to the FFM for an APTC consideration.</p> <p>*An Implementation Date of 5/31/2025 for reasonable compatibility standard of 10%</p> <p>Further Details: NH accepts self-attestation in addition to receiving SSA data at application through the Hub. Any self-attested data is run through a post-enrollment nightly batch against pre-determined data sources (i.e. SWICA/UCB) the night the case is confirmed open for Medicaid. Once the data sources return the requested information (usually within 5-7 days), NH will automatically do the comparison described above. If we do not receive a response from the data sources within 30 days, NH will send a letter to the client requesting a reasonable explanation or paper documentation.</p>
				Percent Threshold				
Residency	YES	NO	NO	N/A	N/A	NO	NO	

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Age (Date of Birth)	NO	YES	YES	N/A	N/A	YES	YES	Reasonable explanation/paper documentation requested when there is an inconsistency between the attestation and information from the data source that affects eligibility. If SSA cannot confirm the SSN, which means they cant verify citizenship, the reasonable opportunity period will be triggered to verify citizenship. What is provided to prove citizenship will serve the purpose of verifying age/DOB as well.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	If an SSN is not verifiable via an electronic data source, paper documentation will be required. For example, if an individual does not have a number for religious reasons, the individual will have to provide documented proof of their good cause.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	
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	NO	When an inconsistency is identified between the attested information and the data source, state will use the data from SSA and auto populate the Medicare fields.
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	
Other: (Please describe any other eligibility factors in the space below)								

* 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).

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** 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.

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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)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		The issue with this data source is that the data is old and does not necessarily reflect the individual's current financial circumstances. NH has more current sources of electronic verification of both wages and unearned income.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	We will use the electronic verification through the HUB and our current Data Exchange Post-Eligibility. For further clarification see details in Section A.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Other (specify in comments)	The information provided in this data source is more current than IRS data. For further clarification see details in Section A.
4. State Unemployment Compensation	YES	YES	YES	NO	YES	YES	NO	NO	YES	YES	Other (specify in comments)	For further clarification see details in Section A.
5. State Administered Supplementary Payment Program	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Other (specify in comments)	This would only ever be used if the client's attested income is outside of the 10% income threshold and the program has more current information. *An Implementation Date of 5/31/2025 for reasonable compatibility standard of 10%
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		NH does not have a State General Assistance program.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	Other (specify in comments)	This would only ever be used if the client's attested income is outside of the 10% income threshold and the program has more current information. Only used for the raw income data. *An Implementation Date of 5/31/2025 for reasonable compatibility standard of 10%

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	YES	NO	YES	YES	Other (specify in comments)	This would only ever be used if the client's attested income is outside of the 10% income threshold and the program has more current information. Only used for the raw income data. *An Implementation Date of 5/31/2025 for reasonable compatibility standard of 10%
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		NECSES does not provide alimony information.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		NH does not have a State Income Tax.
11. Commercial database: (Pease describe any commercial databases in the space below)												
Verify Direct (free version)	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	Other (specify in comments)	One large NH employer uses this company. There is a 3 - 5 day turn-around from date of request to receipt of data. The information is accurate. NH uses the free version. This Data Source will be used to verify individual income for post-enrollment and renewal on an "as necessary" basis. For further clarification see details in Section A.
12. Other: (Please describe any additional electronic data sources in the space below)												
PARIS	YES	YES	NO	NO	NO	NO	NO	NO	NO	YES	Quarterly	The PARIS income data-is generally not current, so is of limited use.

1. The state marked any criterion YES if it was considered as a reason the data source was determined useful/not useful.

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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	YES	NO	NO	NO	YES	NO	NO	YES	NO	YES	Other (specify in comments)	Used at application for SSN, Citizenship, and Age. Internal SSA feed used post-enrollment for Medicare.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Used for non-citizenship.
3. Vital Statistics	YES	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	Other (specify in comments)	To verify date of birth/citizenship only as necessary to verify conflicting data with SSA. Age/DOB verified Post Enrollment.
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		NH DHHS currently does not have an agreement with the Department of Motor Vehicles to provide such information.
5. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	Information will be used as available. NH has a consolidated eligibility system. Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/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 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)	YES	YES	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	Information will be used as available. NH has a consolidated eligibility system. Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/CHIP rules.
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		Not Applicable
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not Applicable
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not Applicable
11. Commercial database: <i>(Please describe any commercial databases in the space below)</i>																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	VA match and interstate benefits analysis. The PARIS information is generally not current, so is of limited use.

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
13. Other: (Please describe additional electronic data sources in the space provided below)																	

* 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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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	NH has a title XXI Medicaid Expansion component.The same verification procedures apply as applied to title XIX Medicaid.
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)					N/A	NH does not have a waiting period for its CHIP expanded Medicaid coverage.
4. Access to public employee coverage	YES	NO	NO	NO		
5a. Waiting period exception #1 (describe):					N/A	
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	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
6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i>						

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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 for many factors of eligibility. For those it doesn't, the state used all available data sources. including vital statistics as a back-up for citizenship verification, and asks for a reasonable explantion from the individual or another person who can verify information for an explanation if the attestation and information from the data source are inconsistent before asking for paper documenation.
2	Please describe how the state uses PARIS?	<p>New Hampshire uses 3 PARIS data matches: (1) The Veterans Administration (VA) - matches with the VA to determine if a client is collecting VA benefits. This match is currently being utilized as a third party liability (TPL) tool to "cost avoid" and to verify VA benefits.</p> <p>(2) The Federal match - determines whether anyone receiving public assistance benefits is also collecting a payment as a U.S. Federal or military employee in the form of retirement pension or as a current member of the military or civilian workforce. This match is currently being utilized as a TPL tool to "cost avoid" Medicaid claims; and</p> <p>(3) The Interstate match which matches against other States public assistance information to determine if a client is collecting benefits (Medicaid, TANF & SNAP) in more then one state. In some cases, this has been helpful with residency post-eligibility:</p>
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 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 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