

**MAGI-BASED ELIGIBILITY VERIFICATION PLAN**

(Insert Medicaid, CHIP, or Both)

State:

Medicaid & CHIP

New Jersey

**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*	<b>NO</b>	<b>NO</b>	<b>YES</b>	Both are above, at or below the applicable income standard.  Percent Threshold	25%	<b>YES</b>	<b>YES</b>	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 25%, 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 25%, the state will ask for additional information. If the individual is then deemed ineligible, state will screen for APTC (Advance Premium Tax Credits).
Residency	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>N/A</b>	<b>N/A</b>	<b>NO</b>	<b>NO</b>	
Age (Date of Birth)	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>N/A</b>	<b>N/A</b>	<b>NO</b>	<b>NO</b>	
Social Security Number **	<b>NO</b>	<b>NO</b>	<b>YES</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>YES</b>	
Citizenship **	<b>NO</b>	<b>NO</b>	<b>YES</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>YES</b>	

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 **	<b>NO</b>	<b>NO</b>	<b>YES</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>YES</b>	
Household Composition	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>N/A</b>	<b>N/A</b>	<b>NO</b>	<b>NO</b>	
Pregnancy ***	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>N/A</b>	<b>N/A</b>	<b>NO</b>	<b>NO</b>	
Caretaker Relative	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>N/A</b>	<b>N/A</b>	<b>NO</b>	<b>NO</b>	
Medicare	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>N/A</b>	<b>N/A</b>	<b>NO</b>	<b>YES</b>	Discrepancy is identified if individual says they do not have Medicare but EDS says they do. Self-attestation is accepted upon receipt of application. The electronic data source check is completed post eligibility.
Application for Other Benefits	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>N/A</b>	<b>N/A</b>	<b>NO</b>	<b>NO</b>	Application for other benefits may be verified at renewal. If the applicant did not follow through and the difference impacts eligibility, incorrectly paid benefits should be sought.
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).

\*\* 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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(Insert Medicaid, CHIP, or Both)  
State:

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## 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 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. Equifax FDSH wage verification service	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Use State-based electronic wage data as primary until this service is implemented. If reasonably compatible, 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 utilizes current SSA feed.
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		

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 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
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		
7. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		May utilize income verified on a recent SNAP application (within 6 months) stored within the recipient's case record in DIMS (Document Imaging Management System).
8. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		

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 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
9. Office of Child Support Enforcement (OCSE)	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>		
10. State Income Tax	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>	Other (specify in comments)	Vendor uses this for self-employed individuals in a weekly match to identify unreported net earnings.
11. Commercial database: (Please describe any commercial databases in the space below)												
TALX/The Work Number	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>		
12. Other: (Please describe any additional electronic data sources in the space below)												
Asset Verification System through Accuity	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>		15 day response time for AVS or shorter if the information is consistent with what the applicant reports.
1. Internal Revenue Service (IRS)	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>		In accordance with 42 FR 435.1200(d), New Jersey will accept IRS income data verified by the FFE/SBE and all other findings verified by the FFE/SBE.

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 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
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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	YES	NO	NO	NO	YES	NO	NO	YES	YES	NO		
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		
3. Vital Statistics	YES	NO	YES	NO	NO	YES	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		
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	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		
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	YES	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
11. Commercial database: <i>(Please describe any commercial databases in the space below)</i>																	
Health Management Systems (HMS)	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>	Monthly	Vendor checks all TPL
13. Other: <i>(Please describe additional electronic data sources in the space provided below)</i>																	
12. PARIS*	<b>YES</b>	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>	Quarterly	State is only using this data source for SSN if we know that the SSN has been verified with SSA.  Used to identify if an individual 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 followed up on.
* 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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New Jersey

### 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	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>	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	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>		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)	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>		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	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>		
5a. Waiting period exception #1 (describe):	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>		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):	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>		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 (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
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	
6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i>						

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

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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):	In NJ, paper documentation would only be required when electronic data is inconsistent or information cannot be verified electronically, such as income from a "day laborer", self-employment, or a recent change in circumstances such as loss of employment or decrease in work hours. For most of these situations, the only way to verify the information is through paper documents. The state accepts self-attestation for most factors of eligibility and only follows up with the individual if internal data sources from other human services programs
2	Please describe how the state uses PARIS?	PARIS Interstate matches are reviewed on a quarterly basis to identify 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 matches in the future for verification of items such as other available insurance and income.
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).	<b>NO</b>

	<b>Question</b>	<b>Response</b>
	<p>If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:</p> <ol style="list-style-type: none"> <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> </ol>	
<b>4</b>	<p>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.</p>	<b>NO</b>
	<p>If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:</p> <ol style="list-style-type: none"> <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> </ol>	
<b>5</b>	<p>Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):</p>	

<b>Section A. Additional Comments</b>
<b>Section B1. Additional Comments</b>
<b>Section B2. Additional Comments</b>
<b>Section C. Additional Comments</b>