

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP

State:

Florida

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	Self Attestation accepted if reasonably compatible with electronic data. If individual attests to income below the applicable standard and data sources indicate income above the applicable standard, and the 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, paper documentation from the individual. When the individual attests to income above the applicable income standard and data source indicates income below the standard the State will accept the self attestation, make the person ineligible and forward the application to the FFM for APTC 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
Residency	YES	NO	NO	N/A	N/A	NO	NO	Accept self-attestation unless information the state becomes aware of is questionable or inconsistent with other information that the agency has obtained for other verifications. A reasonable explanation would be requested before paper documentation.
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	Accept self-attestation unless information the state becomes aware of is questionable or inconsistent with other information that the agency has obtained for other verifications. A reasonable explanation would be requested before paper documentation.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation is only requested when an inconsistency is found by the data source.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation is only requested when an inconsistency is found by the data source.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation is only requested when a inconsistency is found by the data source.

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
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	Accept self-attestation unless information the state becomes aware of is questionable or inconsistent with other information that the agency has obtained for other verifications. A reasonable explanation would be requested before paper documentation. Florida will verify the multiple expected births only when the pregnant woman's income is too high to be eligible for pregnancy Medicaid counting a single unborn and for assessment of household size for other family members.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	Accept self-attestation unless information the state becomes aware of is questionable or inconsistent with other information that the agency has obtained for other verifications. A reasonable explanation would be requested before paper documentation.
Medicare	NO	NO	YES	N/A	N/A	YES	YES	SOLQ will be used at the point of application. If there is an inconsistency identified through the electronic data source the individual will be contacted to provide clarification. Paper documentation will be requested if not resolved.

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
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	Accept self-attestation unless information the state becomes aware of is questionable or inconsistent with other information that the agency has obtained for other verifications. A reasonable explanation would be requested before paper documentation.
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>								

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Florida												
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		State will not be using IRS data. It has been determined that state wage data will provide more accurate and up-to-date wage verification.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	For post-enrollment, updates occur nightly, and as changes occur the internal system is automatically updated. State to use current data sources until 12/16/13. State will then begin utilizing Hub.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	New hire - Weekly, Regular - Semi-annually
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Weekly, with real time query
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		This program does not exist in Florida.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		This program does not exist in Florida.
7. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		SNAP/TANF are contained within the same system as Medicaid
8. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		SNAP/TANF are contained within the same system as Medicaid
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		State does not use because child support is not considered in determining MAGI.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		This program does not exist in Florida.
11. Commercial database: (Please describe any commercial databases in the space below)												
12. Other: (Please describe any additional electronic data sources in the space below)												

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
Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Use is limited to Public Benefits Integrity Real-time as changes occur. Plan to use through the Hub to verify income.
Florida Retirement	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Annually	The electronic exchange is run annually; it will be used at application if current, otherwise at renewal and post-enrollment.
Out of State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Weekly

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.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Florida																	
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	NO	YES	YES	YES	NO		<p>Includes Medicare enrollment database from federal CMS. Post-enrollment if Medicare status changes.</p> <p>State will only require verification of age/DOB where the state has other information that would require age/DOB to be verified. State is not actively using SSA to verify Age/DOB.</p> <p>Also used for incarceration data. State will use this information to ensure that although incarcerated individuals may be included in the Medicaid household, no incarcerated individual is approved for benefits for themselves while incarcerated.</p> <p>State to use current data sources until 12/16/13. State will then begin utilizing Hub.</p>

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
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Utilized at renewal if 5-year bar is met or post-enrollment as individual reports a status change. State to use current data sources until 12/16/13. State will then begin utilizing Hub.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Utilizes Vital Statistics as a backup source for Citizenship and Age/DOB.
4. Department of Motor Vehicles (DMV)	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Utilizes DMV as a backup source for Citizenship only for those individuals for whom the state DMV has verified citizenship on their driver's license issuance.
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
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	YES	NO	NO	NO		Office of Child Support Enforcement will provide information documenting if an individual has not met CSE cooperation requirements, requiring sanctions, thus affecting individual eligibility. They will also provide updates when sanctioned individuals meet compliance and become eligible again. Updates will be provided as they occur.
8. State General Assistance Programs	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
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>																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	Used to verify benefits from other states.
13. Other: <i>(Please describe additional electronic data sources in the space provided below)</i>																	

* 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.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CH Florida State:						
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	These verification procedures do not apply to title XXI Medicaid Expansion population. For Medicaid self attestation will be accepted.
2. Applicant does not have access to affordable ESI					N/A	
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	NO		
4. Access to public employee coverage	NO	NO	YES	NO		Perform a file match against Florida employee system for state employee coverage for reporting purposes only but does not affect eligibility.
5a. Waiting period exception #1 (describe):	YES	NO	NO	NO		cost greater than 5% of income
5b. Waiting period exception #2 (describe):	YES	NO	NO	NO		lost employment
5c. Waiting period exception #3 (describe):	YES	NO	NO	NO		death of insurance carrier
5d. Waiting period exception #4 (describe):	YES	NO	NO	NO		employer cancelled coverage

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
5e. Waiting period exception #5 (describe):	YES	NO	NO	NO		COBRA cancelled or ended
5f. Waiting period exception #6 (describe):	YES	NO	NO	NO		non-custodial parent dropped covered
5g. Waiting period exception #7 (describe):	YES	NO	NO	NO		urgent medical care needed
5h. Waiting period exception #8 (describe):	YES	NO	NO	NO		current coverage does not meet medical need
5i. Waiting period exception #9 (describe):	YES	NO	NO	NO		reach benefit or lifetime limit
5j. Waiting period exception #10 (describe):	YES	NO	NO	NO		domestic violence
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) State:		Medicaid & CHIP Florida
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 for income prior to requesting documentation. Data from the electronic sources listed in this document will be used when available and precise enough to meet eligibility needs. Paper documentation will be required when sufficient electronic data is not available or to resolve discrepancies. For example, the new hire data provides the name of the new employer, but not the amount of income so this may be a case when more information is needed.
2	Please describe how the state uses PARIS?	The PARIS match file is processed electronically. The Medicaid eligibility system compares issuance information to see if an overlap in benefit issuance occurred. If the case is currently active the notice system generates a notice to the client giving ten days to return information verifying residency.
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
	<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"> 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	<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>	NO
	<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"> 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	<p>Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):</p>	

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