

MAGI-BASED ELIGIBILITY VERIFICATION PLAN  
 (Insert Medicaid, CHIP, or Both) Medicaid & CHIP  
 State: Indiana

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.  Other (Specify in Comments)	N/A	NO	YES	1. If individual attests on the application to income below the Medicaid or S-CHIP applicable income standard and if electronic data on income is unavailable, further documentation will be required from the applicant. 2. If an individual attests on the application to income above the Medicaid or S-CHIP applicable income standard and the electronic data indicates income below the applicable income threshold, the individual is determined ineligible with no additional information sought. The individual is screened for eligibility for other insurance affordability programs. 3. If an individual attests on the application to income below the Medicaid or S-CHIP applicable income standard and the electronic data indicates income above the applicable standard, documentation will be required from the applicant to resolve. 4. If the difference between what an individual attests on the application and the electronic data results in a different benefit package or cost-sharing amount, documentation will be required from the applicant to resolve.

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	NO	NO	YES	If electronic data indicates residency in another State.	N/A	NO	YES	If attested information is not consistent with electronic data and impacts eligibility outcome (i.e., electronic data indicates residency in another State). paper documentation verifying residency is sought.  Would review additional data source prior to requesting additional documentation. May utilize SNAP/TANF when available to verify residency.
Age (Date of Birth)	NO	NO	YES	N/A	N/A	NO	YES	Paper documentation verifying date of birth is sought when available electronic data source indicates age difference that impacts eligibility outcome (including benefit package or cost-sharing amount).
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	If SSN is unavailable; 1) client does not have an SSN, IN will help them obtain one. 2) client refuses SSN then will document why and make determination of eligibility based upon the client response (i.e. religious reasons).
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	If citizenship is not verified electronically would require paper verification
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	If immigration status is not verified electronically would require paper verification
Household Composition	NO	NO	YES	N/A	N/A	YES	YES	Household Composition will be verified at application through SNAP/TANF, if applicable. If unable to verify through these data sources, or there is an inconsistency with data sources that would impact eligibility, benefit package or cost sharing, reasonable explanation and/or paper documentation maybe requested.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	If there is no birth notification provided within 8 months for pregnancy category, system will send notice to enrollee requiring verification.
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	
Medicare	NO	NO	YES	N/A	N/A	NO	YES	If attested information is not consistent with electronic data and impacts eligibility, benefit package or cost sharing outcome, would ask for verification.

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	NO	NO	YES	N/A	N/A	YES	YES	Would require the applicant to return with the completed documentation for the other benefits. Use some electronic data and ask for paper documentation if cannot be verified electronically.
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: Indiana

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. Internal Revenue Service (IRS)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		In determining whether the IRS data was useful, Indiana considered all criteria (accuracy, timeliness, ability to access, age of data, and comprehensiveness). The state decided IRS data was not useful because the data was old and the security requirements were too onerous.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	Populations: those with Social Security benefits, incarcerated and deceased individuals. Also utilized post enrollment through current SSA data source to identify any potential changes in income.

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
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	NO	NO	YES	YES	YES	Quarterly	Population: those who are employed in Indiana whose employers turn in data in a timely manner. Also utilized post enrollment to identify potential changes.  Paper documentation would not be requested prior to checking with SWICA.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	NO	NO	YES	YES	YES	Monthly	Population: those who are receiving unemployment insurance. Also utilized post enrollment to identify potential changes.  Paper documentation would not be requested prior to checking with State Unemployment Compensation.
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		In determining whether the data was useful, Indiana considered all criteria (accuracy, timeliness, ability to access, age of data, and comprehensiveness). The state decided the data was insufficient for any of these criteria.

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
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not Applicable; this does not exist in Indiana.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	NO	YES	NO	YES	NO	NO	NO	NO	NO		Used on an adhoc basis to identify any changes in income. Used for raw wage data, as it is not MAGI calculated.
8. Temporary Assistance for Needy Families (TANF)	YES	NO	YES	NO	YES	NO	NO	NO	NO	NO		Used on an adhoc basis to identify any changes in income. Used for raw wage data, as it is not MAGI calculated.
9. Office of Child Support Enforcement (OCSE)	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	Monthly	Population: those who are receiving child support payments in Indiana. IN confirms that we will not be counting child support payments in the MAGI calculation.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		In determining whether the data was useful, Indiana considered all criteria (accuracy, timeliness, ability to access, age of data, and comprehensiveness). The state decided the data was not applicable because they do not retain MAGI income and the data is outdated.

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
11. Commercial database: (Please describe any commercial databases in the space below)												
The Work Number (Equifax)	YES	YES	YES	YES	YES	NO	NO	YES	YES	NO		Population: those who are employed in Indiana. Indiana intends to get this directly from Equifax on 10/1/2013 and going forward.
12. Other: (Please describe any additional electronic data sources in the space below)												
1. The state marked any criterion YES if it was considered as a reason the data source was determined useful/not useful.												

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Indiana																	
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	YES	YES	NO	NO	NO	YES	YES	YES	YES	YES	YES	Quarterly	Post Enrollment/Renewal checks are made for changes in Residency, Medicare, Application for Other Benefits, incarceration, and death data.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Used at renewal for individuals whose status is subject to change.
3. Vital Statistics	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	YES	YES	YES	YES	Other (specify in comments)	For birth and death data. Frequency will be daily checks post-enrollment.  Used at application for deemed newborns so that citizenship verification is not necessary, and for death data.
4. Department of Motor Vehicles (DMV)	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
5. Temporary Assistance for Needy Families (TANF)	YES	NO	NO	NO	YES	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO		The household in TANF can assist with verification of household composition if client attestation is unclear.
6. Supplemental Nutrition Assistance Program (SNAP)	YES	NO	NO	NO	YES	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO		The household in SNAP can assist with verification of household composition if client attestation is unclear.
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Monthly	For medical child support follow-up
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>																	

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
12. PARIS*	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES	Annually	<p>Would use as a back-up for residency and to look for duplicate benefits from another states.</p> <p>PARIS data is updated quarterly and is considered during the annual redetermination.</p> <p>The PARIS feed is received and updated every quarter. When the client is due for redetermination, the most recent version of the PARIS feed is referenced. The instance of the quarterly feed that is used will vary depending on the time of the redetermination, since clients are eligible for redetermination at any point throughout the year, based upon initial eligibility determination date.</p> <p>see additional comment related to post-enrollment use</p>
<p>* 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.</p>																	

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Indiana						
Section C . Additional Factors of Eligibility for Separate CHIP						
Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification	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	For Verification, the State is using the same policies and procedures in the Medicaid Expansion program as described here for CHIP.
2. Applicant does not have access to affordable ESI	NO	NO	NO	YES		If the client is employed, will ask to verify that it is not affordable.
3. When child has had coverage (as applicable to states' waiting period)	NO	NO	YES	NO		If CHIP, the State will look it up on the State's eligibility system.
4. Access to public employee coverage	NO	NO	NO	YES		Will ask to verify that they do not have access to insurance available through public employment coverage
5a. Waiting period exception #1 (describe):	NO	NO	NO	YES		Premium for coverage under the group health plan exceeds 5% of household income
5b. Waiting period exception #2 (describe):	NO	NO	NO	YES		Cost of family coverage that includes the child exceeds 9.5% of household income
5c. Waiting period exception #3 (describe):	NO	NO	NO	YES		Employer stopped offering coverage
5d. Waiting period exception #4 (describe):	NO	NO	NO	YES		Change in employment resulted in loss of coverage
5e. Waiting period exception #5 (describe):	NO	NO	NO	YES		Child has special health care needs

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification	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
5f. Waiting period exception #6 (describe):	NO	NO	NO	YES		Child lost coverage due to death or divorce of parent
5g. Waiting period exception #7 (describe):	NO	NO	NO	YES		Child loses eligibility for other insurance affordability coverage
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>						
none						

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:		Medicaid & CHIP Indiana
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):	When the data source is not available immediately in the application process, the State will use a nightly batch process to access all available data sources for all factors of eligibility before requesting paper documentation.  For Residency, IN would establish this information pre-enrollment. IN would use the SSA electronic information and/or the information received through the normal processes currently in place that verify residency. (i.e. utility bills establishing residency or verification received during SNAP/TANF enrollment.)  For the Vital Statistics available for eligibility determination in Indiana, there is only a limited population (children born to mothers on Medicaid in Indiana and people who die while on assistance in Indiana) provided electronically, therefore it cannot be used as a back-up for citizenship verification.
2	Please describe how the state uses PARIS?	Information from PARIS feed is available to assess eligibility with other states and also utilized as a back-up for residency verification.
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"> <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>	
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"> <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>	
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
For the purposes of completing this Verification Plan, Indiana is considering "Post-Enrollment" to mean the time after the applicant has been granted eligibility up to and including the period of redetermination.
Section B2. Additional Comments
For the purposes of completing this Verification Plan, Indiana is considering "Post-Enrollment" to mean the time after the applicant has been granted eligibility up to and including the period of redetermination.
Section C. Additional Comments