

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Missouri								
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	If individual attests to income below that applicable income standard and data sources indicate income above the applicable standard, but the difference between the two is 10% or less consider information reasonably compatible and determine eligibility. If the difference is more than 10%, Reasonable Explanation/Paper Documentation is required. Deemed incompatible only if affects eligibility. If the individual attests to income above the applicable standard and data source indicates income below the standard, the state will ask for additional information to verify the difference between the attestation and the information obtained through the data source.
Residency	YES	NO	NO	N/A	N/A	NO	NO	Self Attestation accepted the majority of the time, unless a discrepancy that could affect eligibility is discovered based on information that Missouri has obtained from internal data sources or information from other programs. If unable to resolve the discrepancy through electronic data sources, request documentation.
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	Self Attestation accepted the majority of the time, unless a discrepancy that could affect eligibility is discovered based on information that Missouri has obtained from internal data sources or information from other programs. Verify by electronic data sources if a questionable discrepancy is identified. If unable to resolve the discrepancy through electronic data sources, request documentation.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation required if unable to verify through the electronic data source.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation required if unable to verify through the electronic data source.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation required if unable to verify through the electronic data source.
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	Self Attestation accepted the majority of the time, unless a discrepancy that could affect eligibility is discovered based on information that Missouri has obtained from internal data sources or information from other programs. Verify by electronic data sources if a questionable discrepancy is identified. If unable to resolve the discrepancy through electronic data sources, request documentation.

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	Attestation is accepted unless questionable or as discovered based on information that Missouri has obtained during normal processing. Verify by electronic data sources if questionable (this would be done post-eligibility) through our MMIS claims process. If a discrepancy was found through a claim submitted through the MMIS system such as a claim for a sterilization procedure, family planning services related to contraceptives, or no claims are submitted to support pregnancy, additional verification would be requested. If unable to verify through electronic data sources, request documentation.
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	Self Attestation accepted the majority of the time, unless a discrepancy that could affect eligibility is discovered based on information that Missouri has obtained from internal data sources or information from other programs. Verify by electronic data sources if a questionable discrepancy is identified. If unable to resolve the discrepancy through electronic data sources, request documentation.
Medicare	NO	NO	YES	N/A	N/A	YES	YES	If Individual attests to not having Medicare but the electronic source shows they do, will request additional information from the individual. Request paper verification only if it cannot be verified electronically.
Application for Other Benefits	NO	YES	YES	N/A	N/A	YES	YES	There is currently no available electronic source that can be used to verify a person has applied for other benefits. For those benefits for which there is a source, such as referral form received from Social Security Administration when participant has applied for benefits, Missouri uses that source pre-enrollment.
Other: (Please describe any other eligibility factors in the space below)								
					N/A			
					N/A			
<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: Missouri												
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)	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO		It is anticipated that this data source will be determined useful. We expect that we will begin DSH testing in Wave 4 and will use IRS data matches as soon as we begin enrollment on October 1, 2013 provided that we have completed our SSP. If we have not completed our SSP as of July 1, 2013 we anticipate we will begin using this data source within 90 days following submission of completed SSP. In the interim we will use our existing data agreement with IRS to obtain information permitted under that agreement and will use secondary data sources. It is anticipated that this data source will be used at renewal, but only to the extent that consent is provided.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Current SVES data source used post enrollment if notified of household changes, adjustments, etc. It is anticipated the state will begin using this data match through the hub as we begin open enrollment October 1, 2013. The contingency is to use the exiting security agreement with SSA to utilize SVES data. Eligibility specialists use the SVES TPQY immediate response system to check SSA data at every application and renewal period. Intent is to use Hub at application/renewal and continue to use current SVES post enrollment if notified of changes.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Source used post enrollment if notified of household changes, adjustments, etc. Eligibility specialists use the State Wage Information data at every application and renewal period.

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
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Source used at enrollment and post enrollment if notified of household changes, adjustments, etc. Eligibility specialists use the State Unemployment Compensation data at every application and renewal period.
5. State Administered Supplementary Payment Program	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Source used post enrollment if notified of household changes, adjustments, etc. Eligibility specialists check SP eligibility at every application and renewal period.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Source not used as state does not have a general assistance program.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Source used post enrollment if notified of household changes, adjustments, etc. Eligibility specialists check SNAP eligibility at every application and renewal period.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Source used post enrollment if notified of household changes, adjustments, etc. Eligibility specialists check TA eligibility at every application and renewal period.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Source used post enrollment if notified of household changes, adjustments, etc. Eligibility specialists check DCSE at every application and renewal period.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		The state does not have an agreement to receive state income tax data.
11. Commercial database: (Please describe any commercial databases in the space below)												
PARIS	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Quarterly	
TALX/The Work Number	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES		The state anticipates using this data source through the federal data hub when open enrollment begins on October 1. If unable to access on October 1 the contingency is to use the existing contract the state has with TALX.

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
12. Other: (Please describe any additional electronic data sources in the space below)												
Quarterly Wage Match	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Quarterly	Source used post enrollment when wage notification is received after approval of benefits and the income is unknown to the agency. Difference between this and SWICA is this is used quarterly post enrollment and SWICA is used based on change.
Directory of New Hire Matches	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Source used post enrollment when wage notification is received after approval of benefits and the income is unknown to the agency. Randomly received as participant becomes employed used by eligibility specialist at application and renewals.

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

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP

State:

Missouri

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	YES	NO	YES	NO	NO		Receives Age/DOB information as part of SSN match so will use this information only if there is a discrepancy with the age the person attested to that affects eligibility.
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 immigration status that are subject to change.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	Other (specify in comments)	Source used post enrollment if notified of household changes, adjustments, etc related to household composition and caretaker relative that may affect eligibility. Eligibility specialists use the Vital statistics to check birth data at every application on children not under one year of age as a secondary means of verifying citizenship. Vital statistics is used as a backup to the hub as a secondary means for verifying citizenship for all applicants with the exception of newborns.  Used as a backup for citizenship if cannot be verified through SSA.
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO		Can be used to verify identity if needed as part of citizenship.  Can utilize for residency, DOB to resolve discrepancies that arise

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	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	Other (specify in comments)	Source used post enrollment if notified of household changes, related to household comp or caretaker relative.
6. Supplemental Nutrition Assistance Program (SNAP)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	Other (specify in comments)	Source used post enrollment if notified of household changes, related to household comp or caretaker relative.
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		
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>																	

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	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES	Quarterly	Report is received quarterly. Will be used most of the time after the completion of a case.  Will use for identification of duplicate participation in Medicaid and interstate TPL match.	
13. Other: (Please describe additional electronic data sources in the space provided below)																		
MMIS	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	Monthly	Eligibility Specialists check MMIS on a monthly basis. If there is information received in the MMIS claims system that is inconsistent with the participant's attestation of pregnancy such as a claim for a sterilization procedure, claims for family planning services for contraceptives, or no claims submitted for pregnancy related services within the nine month eligibility period we will follow-up with the individual.
* 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 & CHIP

State:

Missouri

## 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	We approved based on self-attestation that applicant dose not have other coverage; however, if information is received later, further documentation may be needed. Missouri verifies using a data source only if discrepancy is found with information Missouri has obtained for other purposes.  Policy applies to combination program as well - title XXI funding.
2. Applicant does not have access to affordable ESI	YES	NO	NO	NO		We approve based on self-attestation, however, if notified (through the FFM, etc.) that participant is employed with an employer who provides health insurance then further documentation may be needed to verify applicant does not have access to "affordable" insurance.
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	NO		It may be necessary to verify through electronic sources that a participant's employment is no longer valid thus also ending the health insurance.  Only use data source when information on application is questionable.
4. Access to public employee coverage	YES	NO	NO	NO		We approve based on self-attestation, however, if notified (through the FFM, etc.) that participant is employed with an employer who provides health insurance then further documentation may be needed.
5a. Waiting period exception #1 (describe):	NO	YES	NO	YES		Penalty period for loss of health insurance coverage and waiting period for full premium group waived for those children with special healthcare needs. A written statement from the child's treating physician is required.

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
5b. Waiting period exception #2 (describe):	YES	NO	NO	NO		No access to affordable, employer sponsored healthcare coverage. Other than loss of employment which the Hub can verify, (which also verifies the loss of insurance), may need paper documentation to verify insurance ended by noncustodial parent, etc.
5c. Waiting period exception #3 (describe):	YES	NO	NO	NO		Discontinuance of HIPP.
5d. Waiting period exception #4 (describe):	YES	NO	NO	NO		An individual other than the custodial parent or guardian drops health insurance coverage on the children. May need paper documentation to verify.
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) State:		Medicaid & CHIP Missouri
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):	For factors for which we do not accept self-attestation, all available data sources will be utilized before requesting additional information from the individual. Paper documentation will be requested only when discrepancies that affect eligibility cannot be resolved through electronic sources.
2	Please describe how the state uses PARIS?	The PARIS report is used to match information to identify and control duplicate participation in Medicaid and ensure that all sources of a claimant's income and medical insurance are identified. State also uses federal match and VA match to follow up for possible sources of 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).	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
Section B2. Additional Comments
Section C. Additional Comments