

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

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.  Dollar Threshold	\$225	YES	YES	Electronic data sources will be used to verify income for initial enrollment, if the individual attests to income below the applicable standard and the data source indicates income above the standard and the discrepancy between the two is greater than \$225 a reasonable explanation or paper documentation will be requested. The \$225 reasonable compatibility threshold was determined because it is the income limit at the high-end (i.e. 10% of 138% of income threshold for a household of 3). This figure will be adjusted annual with the update to FPL.  If the individual attests to income above the applicable standard but electronic sources show
Residency	YES	NO	YES	N/A	N/A	YES	YES	If individual is known to current data sources (i.e. if a member of SNAP and TANF) we utilize those data sources. If there is an inconsistency with the attested information and the information from the data sources, state will use other data sources to try and resolve the inconsistency and then ask for a reasonable explanation and/or paper documentation if necessary.  If individual is not known to their current data sources, then State will accept Self-Attestation without additional verification.
Age (Date of Birth)	NO	NO	YES	N/A	N/A	YES	YES	If there is an inconsistency with the attested information and the information from the data sources, State will ask for a reasonable explanation and/or paper documentation if necessary.

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
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation required only if conflicting information exists in the agency record and no reasonable explanation is available.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation required only if a discrepancy exists between electronic source and client attestation.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation required only if a discrepancy exists between electronic source and client attestation.
Household Composition	YES	YES	YES	N/A	N/A	YES	YES	If individual is known to current data sources (i.e. if a member of SNAP and TANF) we utilize those data sources. We will accept self attestation and use data sources for post-enrollment verification. If there is an inconsistency with the attested information and the information from the data sources, State will ask for a reasonable explanation and/or paper documentation if necessary.  If individual is not known to their current data sources, then State will accept Self-Attestation without additional verification.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	If State identifies inconsistencies from existing information from their other programs (e.g no live births, no mis-carriages or still births), then State may ask for reasonable explanation and/or paper documentation.
Caretaker Relative	YES	YES	YES	N/A	N/A	YES	YES	If individual is known to current data sources (i.e. if a member of SNAP and TANF) we utilize those data sources. We will accept self attestation and use data sources for post-enrollment verification. If there is an inconsistency with the attested information and the information from the data sources, State will ask for a reasonable explanation and/or paper documentation if necessary.  If individual is not known to their current data sources, then State will accept Self-Attestation without additional 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
Medicare	NO	YES	YES	N/A	N/A	YES	YES	Paper documentation required only if data source is unavailable or there is an inconsistency between the attestation and the data source
Application for Other Benefits	NO	YES	YES	N/A	N/A	YES	YES	Paper documentation required only if -electronic data source is unavailable or there is an inconsistency between the attestation and the data source.
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: Nevada												
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	YES	YES	YES	YES	YES	YES	NO	NO	NO		Nevada has elected not to use the IRS data from the federal hub due to the financial burden associated with protecting all related eligibility data that is assumed FTI by association.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	State receives Title II information at application and renewal through the Hub. State intends to use SOLQ for regular data matches with SSA to occur twice monthly for post-enrollment verification. SSA electronically notifies the state of changes in income, payment status and death.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Quarterly	If change is reported, data source will be used.  State receives quarterly feed for eligibility and program integrity purposes. Daily matching for instances where a change is made.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Quarterly	State will receive daily feeds for verification when changes are made. State will receive quarterly feeds for the whole population.

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		Nevada does not have a state administered state supplement payment program
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Nevada does not have a state administered general assistance program.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	State plans to use SNAP for raw income data (distinct from MAGI calculation).
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	State plans to use TANF for raw income data (distinct from MAGI calculation).
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Child support income is not countable in MAGI methodology so there is no useful data available.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Nevada does not have state income tax.
11. Commercial database: (Please describe any commercial databases in the space below)												
The Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Initial eligibility and post enrollment when a change is reported.  State is planning to use the Work Number at application in real-time as offered through the Hub.
State New Hire	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Initial eligibility and post enrollment when a change is reported.
12. Other: (Please describe any additional electronic data sources in the space below)												
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: Nevada																	
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	YES	NO	YES	YES	YES	Other (specify in comments)	Used at renewal and post-enrollment for Application for Other Benefits and Medicare. Frequency used post-enrollment is bi-monthly through current data feed.  Can be used as a backup data source for residency if there is a inconsistency with internal data sources.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	Other (specify in comments)	Used post enrollment only when a known change in status or client reports a change in status.  The state is using version 32.2 through the HUB.
3. Vital Statistics	YES	NO	YES	NO	NO	YES	NO	NO	YES	NO	NO	NO	YES	NO	YES		Can be used as a backup for age/DOB and citizenship verification only if a discrepancy exists with SSA.  Used post enrollment for a back-up for residency and caretaker relative only when a known change in status or client reports a change in status.

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
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		This data source only provides residency verification. The state is accepting client statement for verification of residency if not known to the SNAP/TANF. If known to SNAP/TANF and there is an inconsistency, we use other data sources as backup.
5. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	YES	NO	YES	YES	YES	Monthly	<p>Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/CHIP rules.</p> <p>For TANF purposes, it is mandatory to verify pregnancy. If a discrepancy is found, TANF can be used for further clarification with the individual to verify pregnancy for Medicaid.</p> <p>TANF can be used as a backup to Vital Statistics in verifying caretaker relative status.</p>
6. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	NO	YES	YES	NO	YES	YES	YES	Monthly	<p>Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/CHIP rules.</p>
7. Office of Child Support Enforcement	YES	NO	NO	NO	YES	YES	NO	YES	YES	NO	NO	NO	NO	NO	YES	Annually	OCSE may be used as a backup source to verify residency and other eligibility factors.
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		

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>																	
13. Other: <i>(Please describe additional electronic data sources in the space provided below)</i>																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	Semi-annually PARIS is used to verify if individual has benefits in other States.
Emdeon - Third Party liability vendor	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Monthly	State uses this data source for verification of third party services and payment of medical bills.
* 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: Nevada						
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	NO	YES	YES	YES	Must be Applied	Post enrollment verification by TPL vendor. Paper documentation required only if discrepancy  This process also applies to Medicaid Expansion under Title XXI.
2. Applicant does not have access to affordable ESI					N/A	
3. When child has had coverage (as applicable to states' waiting period)	NO	YES	YES	YES		Paper documentation required only if discrepancy  While State is using a TPL vendor for data matching for all applicants, this is not used for eligibility purposes. However, if a discrepancy is found (i.e. coverage from another carrier is found while enrolled in CHIP) with existing records, paper documentation may be requested.  If individual has coverage from another carrier while receiving CHIP benefits, an overpayment can be calculated and resolved with the individual.  Quarterly matches are performed post-enrollment to identify if child has other coverage, that could affect enrollment.

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
4. Access to public employee coverage	NO	YES	NO	YES		Paper documentation required only if discrepancy  State does not have an ability to perform verification through a data source. However, if on the application, it is found that the child's parent is a State employee, then that would be used in determining if the individual has access to public employee coverage.
5a. Waiting period exception #1 (describe):	YES	NO	NO	NO		Loss of employment other than voluntary termination
5b. Waiting period exception #2 (describe):	YES	NO	NO	NO		Death of the parent who was responsible for the insurance coverage
5c. Waiting period exception #3 (describe):	YES	NO	NO	NO		Change to new employment that does not provide an option for dependent coverage
5d. Waiting period exception #4 (describe):	YES	NO	NO	NO		Change of address that results in no employer-sponsored coverage
5e. Waiting period exception #5 (describe):	YES	NO	NO	NO		Discontinuation of health benefits to all employees of the applicants employer
5f. Waiting period exception #6 (describe):	YES	NO	NO	NO		Expiration of coverage periods established by COBRA
5g. Waiting period exception #7 (describe):	YES	NO	NO	NO		Self-Employment
5h. Waiting period exception #8 (describe):	YES	NO	NO	NO		Termination of health benefits due to long-term disability
5i. Waiting period exception #9 (describe):	NO	YES	NO	YES		Termination of dependent coverage due to extreme economic hardship on the part of the employee or employer
5j. Waiting period exception #10 (describe):	YES	YES	NO	YES		Extreme financial hardship related to cost of premiums, deductibles, and/or co-payments

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
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 Nevada
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 uses all available data sources including current TANF and SNAP records, multiple backup data sources (e.g. Vital Statistics for citizenship, TANF for caretaker relative status, OCSE for residency, etc.), and ask for a reasonable explanation prior to requesting paper documentation. Nevada set a dollar threshold for reasonable compatibility of income with a data source, this threshold is 10% of the income limit for a household of three at 138% of FPL and is anticipated to protect the program integrity while lessening the burden on the applicant. DMV data source has limited access by staff and would delay the application process, the state will not use this data source for residency and will accept client statement in most cases.
2	Please describe how the state uses PARIS?	Nevada completes a semi-annual comparison of PARIS to current enrollment population to identify discrepancies, or if the individual has benefits in another State.
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