

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

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 (see comment)	YES	YES	If individual attests to income below the applicable standard but the the data sources indicate income above the applicable standard, consider not reasonably compatible and ask for a reasonable explanation and or paper documentation.  When an individual attests to income above the applicable standard but data sources indicate income below, the client would not be ineligible at that point. An eligibility worker would follow up with them to get information to make the final decision of eligibility.
Residency	YES	NO	NO	N/A	N/A	NO	NO	Accept Self-attestation but if other data within the agency shows an inconsistency that could affect eligibility, state will request reasonable explanation/paper documentation.

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Age (Date of Birth)	NO	NO	YES	N/A	N/A	YES	YES	If SSA data shows an inconsistency, state will request reasonable explanation/paper documentation.  Sometimes the birth information that we receive from SSA does not match a certified birth certificate that we have on file for the individual. When this happens we contact the client to let them know that they will need to contact SSA and have them correct the birth date error.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	
Household Composition	YES	NO	NO	N/A	N/A	NO	YES	Accept Self-attestation but if other data within the agency shows an inconsistency, state will request reasonable explanation/paper documentation.  Paper documentation will be requested if individual states that they are pregnant with multiple fetuses
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	

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	NO	YES	N/A	N/A	YES	YES	Reasonable explanation/paper documentation will be requested only if information from the electronic data sources is inconsistent with the attestation and all electronic data sources have been exhausted.
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	
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: North Dakota												
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	YES	YES	YES	YES	YES	NO	YES	YES	NO		
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Other (specify in comments)	Used post-enrollment when system notifies of change post enrollment
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Other (specify in comments)	Used post-enrollment when system notifies of change post
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Other (specify in comments)	Used post-enrollment when system notifies of change post
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		ND does not have a State administered Supplementary Payment program
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		ND does not have a State General Assistance program
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Using the raw income wage data from SNAP/TANF (not Medicaid MAGI calculated 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
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Using the raw income wage data from SNAP/TANF (not Medicaid MAGI calculated income).
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Other (specify in comments)	Used post-enrollment when system notifies of change post
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		we do not have an interface with the sate tax department and do not feel that the information on the state tax record would be helpful
11. Commercial database: (Pease describe any commercial databases in the space below)												
PARIS	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Quarterly	Data utilized to identify any other income from federal benefits.
TALX/The Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		ND will use this service through the Hub since it will be available on Oct. 1st
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: North Dakota																	
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	YES	Other (specify in comments)	Used post-enrollment when system notifies of changes related to Medicare. If a discrepancy is identified this source can be used for Application for other Benefits.
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 about to meet the 5-year bar or whose status is subject to change.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Uses data source for citizenship as a back-up to SSA, and caretaker relative and household composition if needed to resolve inconsistencies with other data sources or if the state is made aware of conflicting information.

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)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Uses data source if the state is made aware of conflicting information related to residency that needs to be resolved.
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	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Uses data source if the state is made aware of conflicting information related to caretaker relative that needs to be resolved.
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>																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	Used for benefits received in 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 & CHIP State: North Dakota						
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	These verification procedures apply to Separate CHIP only. State's CHIP carrier, Blue Cross/Blue Shield, may identify inconsistencies in the attested data through data matching. Will request paper documentation when an individual is reporting that policy coverage has ended.  For the title XXI Medicaid Expansion population, self-attestation will be accepted with post-enrollment verification. If a discrepancy is identified, paper documentation will be requested.
2. Applicant does not have access to affordable ESI	YES	NO	NO	NO		If discrepancies are identified, further review will be required and paper documentation may be requested.
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	NO		If discrepancies are identified, further review will be required and paper documentation may be requested.
4. Access to public employee coverage	YES	NO	NO	NO		Paper documentation is requested to verify coverage only if individual indicates that they have insurance but not requested if the individual attests to not having insurance.
5a. Waiting period exception #1 (describe):	NO	YES	YES	YES		Due to involuntary loss of employment
5b. Waiting period exception #2 (describe):	NO	YES	YES	YES		Through no fault of any member of the Healthy Steps unit

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
5c. Waiting period exception #3 (describe):	NO	YES	YES	YES		By a household member who is actively engaged in farming in a county which was declared a federal disaster area within the last 12 months. This information is available in the Vision tables
5d. Waiting period exception #4 (describe):	NO	YES	YES	YES		By a parent or caretaker quitting a job with health insurance coverage to take a job without health insurance coverage
5e. Waiting period exception #5 (describe):	NO	YES	YES	YES		By a parent or caretaker quitting a job with health insurance coverage to start a new job with a waiting period for health care coverage
5f. Waiting period exception #6 (describe):	NO	YES	YES	YES		If the child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a qualified health plan (QHP) because the employer sponsored insurance (ESI) in which the family was enrolled is determined unaffordable
5g. Waiting period exception #7 (describe):	NO	YES	YES	YES		If the premium paid by the family for coverage of the child under the group health plan exceeded 5% of household income
5h. Waiting period exception #8 (describe):	NO	YES	YES	YES		If the cost of family coverage that includes the child exceeds 9.5% of the household income
5i. Waiting period exception #9 (describe):	NO	YES	YES	YES		By the employer who stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan
5j. Waiting period exception #10 (describe):	NO	YES	YES	YES		When the child has special health care needs
5k. Waiting period exception #11 (describe):	NO	YES	YES	YES		Due to the death or divorce of a parent
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 North Dakota
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 prior to requesting documentation. Data sources may not be available for some criteria and if we have received questionable information, we may need to ask for paper documentation to verify.
2	Please describe how the state uses PARIS?	ND uses PARIS for both Medicaid and CHIP based on SSA numbers of active individuals. Paris will be used on a quarterly basis to verify income from other federal benefits (e.g. VA pension) and to verify other state benefit coverage.
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 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 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