MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Virginia
Last updated 11/02/2023

Section A. Verification Procedures for Factors of Eligibility

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)		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	200/	YES	YES	If individual attests to income below the applicable standard and data sources indicate income above the applicable standard, if difference between the two is 20% or less, will accept attestation. If difference is more than 20%, will first ask for a reasonable explanation and if necessary, will request further verification, which could be paper documentation from individual. If no data sources exist to verify attestation and attestation is below the income level, will require an explanation or paper documentation.  If individual attests to income above the applicable standard and data source indicates income below the standard, the state will accept the attestation of the higherincome as the most current data available and, therefore, find the individual ineligible for Medicaid and refer to FFM.

Eligibility Facto	Self- Attestation Accepted without Additional Verificatio n (Y/N)	n Accepted with	Electroni c Data Source Used (Y/N)	Reasonable Compatibility Standard Used		Ask for a Reasonable Explanatio n from the Individual (Y/N)	Paper Documentation	Comments
Residency	YES	NO	NO	N/A	N/A	YES	NO	Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes. Contact will be made with the individual if the inconsistency is unresolvable by other information known to the agency.
Age (Date of Birth)	YES	NO	YES	N/A	N/A	NO	YES	Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes. In those cases, Date of birth can be verified through match with SSA. Contact will be made with the individual if the inconsistency is unresolvable by other information from SSA or the Department of Health.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Additional documentation required from individual ONLY if SSA unable to verify SSN
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Additional documentation required from individual ONLY if citizenship unable to be verified electronically
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Additional documentation required from individual ONLY if immigration status unable to be verified electronically
Household Composition	YES	NO	NO	N/A	N/A	YES	NO	Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes. Contact will be made with the individual if the inconsistency is unresolvable by other information known to the agency
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	
Medicare	NO	NO	YES	N/A (reference the comments)	N/A	NO		Will verify receipt of Medicare through SSA (SOLQ-I). If discrepancy is found then paper documentation is requested. Medicare verification will occur for every individual providing a Medicare number.
Application for Other Benefits	NO	NO	YES	N/A (reference the comments)		NO	YES	Will request paper documentation only when electronic data source not available for benefit

Eligibility Factor	Accepted without Additional	Self- Attestation Accepted with Post- Eligibility Verification (Y/N)	Electroni c Data Source	Reasonable Compatibility Standard Used	Compatibilit y Standard	I -	Paper Documentation Required from the Individual (Y/N)	Comments
Other: (Please describeany other								
eligibility factors in								
the space below)								
		data source	s determin	ed useful to verify inc	come in acco	rdance with	42 CFR 435.948 but can be	
done post-enrolln						l l l.	alfafiles to dit tid all and bad	
					•	•	alf of the individual are bot gible or ineligible for	
Medicaid/CHIP.	v the applic	able illeoill	c Staridara	, the state mast act	crimine the t	applicant ch	Sibic of mengiole for	
(NOTE: this option	is prepopul	ated for the	state and	is not an option that	can be chan	ged).		
						nship and in	mmigration status including	
_		_		a services hub if ava				
	•		. •	cy unless they have i	nformation 1	that is not		
reasonably compa	itible with s	uch attestat	tion.					

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

State: Virginia
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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)	Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicat ion (Y/N)	Data Source Used at Renewa I (Y/N)	Used Post- Enrollment	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		Virginia currently uses IRS data
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Hub SSA composite service used at application and renewals.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data source only for non-MAGI, ABD population already in Medicaid
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data source only exists in a few localities and there is no way to verify dollar amount.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	NO	YES	NO		If the SNAP program has raw income information on an ongoing case that has medical assistance attached, VA may use the income data for verification purposes.  The data is only available at the local level and may not be able to access through a centralized call center.

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Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	Accuracy Considered (Y/N)		Ability to Access Considered	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)	Source	. е	Enrollment - Frequency	Comments
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	NO	YES	NO		If the TANF program has raw income information on an ongoing case that has medical assistance attached, VA may use the income data for verification purposes. The data is only available at the local level and may not be able to access through a centralized call center.
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not relevant under MAGI; no longer counted as income.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Medicaid does not have legal authority to access
11 Commercial database:												
11. Commercial database: (Pease describe any commercial databases in the space below) The Work Number												Virginia uses this data through a direct connection
(Pease describe any commercial databases in the space below)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Virginia uses this data through a direct connection through the State. We do not use this service through the HUB.
(Pease describe any commercial databases in the space below)		YES	YES	YES	YES	YES	NO	YES	YES	NO		through the State. We do not use this service
(Pease describe any commercial databases in the space below) The Work Number  12. Other: (Please describe any additional electronic data sources in the space		YES		YES		YES	NO	YES	YES			through the State. We do not use this service through the HUB.  Federal match Used for instances of unreported
(Pease describe any commercial databases in the space below) The Work Number  12. Other: (Please describe any additional electronic data sources in the space below)	YES											through the State. We do not use this service through the HUB.  Federal match Used for instances of unreported income by the recipient Fraud Unit. Not used for any
(Pease describe any commercial databases in the space below) The Work Number  12. Other: (Please describe any additional electronic data sources in the space below)	YES											through the State. We do not use this service through the HUB.  Federal match Used for instances of unreported income by the recipient Fraud Unit. Not used for any

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Section B2. Use of Electronic Data Sources

Non-Financial:

Ele ctronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenshin	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Belative	Madicara	Application for other	Other	Data Source Used at Applicati on (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (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	NO		Used at renewal for Medicare and Application for other Benefits only. Age/DOB is available through SSA if needed to resolve inconsistencies that the state is made aware of.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Virginia currently uses all three steps of SAVE through the Hub  Only used at renewal for those individuals whose immigration status is likely to change and for the 5-year bar.
3. Vital Statistics	YES	NO	YES	N O	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES		Used only if other electronic sources not available.  Age/DOB information is available through vital statistics if needed to resolve inconsistencies
4. Department of Motor Vehicles (DMV)	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Used only to verify identity in the context of citizenship, if necessary, if other electronic sources not available. Will not use to verify residency as not considered reliable.
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		

	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 Applicati on (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post- Enrollmen Frequency Used (i.e. monthly, quarterly)	Comments
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	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: (Please describe any commercial databases in the space below)																	
13. Other: (Please describe additional electronic data sources in the space provided below) 12. PARIS*																Quarterly	Used by fraud workers for
* Under 42 CFR 435.945(d	YES  ). all Sta	NO ate M	NO ledica	NO nid eligibility	NO svste	NO ms mu	NO ust co	NO nduct	NO a ma	NO tch w	NO ith PA	YES RIS fo	NO or Interstate	NO benefit info	YES		interstate benefits, third party liability, veteran information and instances of unreported income

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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) If Yes, please describe in comments	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
1. Applicant does not have other coverage	YES	NO	NO	N O	Must be Applied	The CHIP Medicaid expansion program follows the same verification procedures.
2. Applicant does not have access to affordable ESI	YES	NO	NO	N O		
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	YES		The waiting period for CHIP no longer applies.
4. Access to public employee coverage	YES	NO	NO	N O		
5a. Waiting period exception #1 (describe):						
5b. Waiting period exception #2 (describe):						
5c. Waiting period exception #3 (describe):						

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentation Required from the Individual (Y/N)	Non- Applicab le (N/A)	Comments
5d. Waiting period exception #4 (describe):						
5e. Waiting period exception #5 (describe):						
5f. Waiting period exception #6 (describe):						
5g. Waiting period exception #7 (describe): 5h. Waiting period exception						
#8 (describe): 5i. Waiting period exception #9 (describe): 5j. Waiting period					N/A	
exception #10 (describe): 6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the space provided below)					,	

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## 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, including vital statistics as a back-up for citizenship, and asks for a reasonable explanation prior to requesting documentation. State does not have legal authority to access all sources of income which might be available, e.g., state income tax data. State will only require paper documentation when electronic sources are not available or information is not reasonably compatible
2	Please describe how the state uses PARIS?	Used for third party liability, veteran information and instances of unreported income. Used also to verify receipt of 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
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements:  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.	

	Question	Response
4	Please indicate (YES) or (NO) if the State intends to request Secretarial	
	approval to use a mechanism other than the federal data services hub	NO
	for information that is available through the hub.	NO

	Question	Response
	If (YES), please submit a letter to CMS requesting such approval	
	describing how the state meets the following requirements:	
	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.	
	Describe any additional MAGI-based eligibility verification policies and	None
5	procedures that have not been covered in this verification plan	
	(optional):	

Section A. Additional Comments

Implementation date is 8/22/2022. Section B1. Additional Comments

Implementation date is 8/22/2022. Section B2. Additional Comments

Implementation date is 8/22/2022. Section C. Additional Comments Implementation date is 8/22/2022.