

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

State:

Medicaid & CHIP

Montana

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	YES	YES	Both are above, at or below the applicable income standard. Percent Threshold	10%	YES	YES	<p>The initial eligibility determination will be based solely on self-attestation. Within six months of application, electronic data sources will be accessed.</p> <p>If the individual attests to income below the applicable standard, and the data source indicates income above the applicable standard, and the difference between the two is less than 10% then the state will consider that reasonably compatible and the individual is enrolled. If the individual attests to income below the applicable standard, and the data source indicates income above the applicable standard, and the difference between the two is greater than 10% , the State will request a reasonable explanation, or paper documentation from the individual to resolve the discrepancy.</p> <p>When an individual attests to income above the applicable standard and data source indicates income below the standard, the state will take the attestation and make the person ineligible and screen for APTC (Advance Premium Tax Credits).</p>
Residency	YES	NO	NO	N/A	N/A	NO	NO	
Age (Date of Birth)	NO	NO	YES	N/A	N/A	YES	YES	If data source indicates an inconsistency that would affect eligibility we would ask for a reasonable explanation or documentation if necessary.

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Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Data to be received electronically from the HUB. If an inconsistency, first go to SSA to resolve before asking for paper documentation.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Data to be received electronically from the HUB. If an inconsistency, first go to SSA to resolve before asking for paper documentation.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Data to be received electronically from the HUB. If an inconsistency, first go to DHS to resolve before asking for paper documentation.
Household Composition	YES	YES	YES	N/A	N/A	YES	YES	If our SNAP/TANF file indicate inconsistent information with the participant's attested information, then we will need to request a reasonable explanation and paper documentation if necessary. If individual is not in SNAP/TANF file, will accept self-attestation. The same 6 month post-eligibility process for financial factors will also be used for non-financial excluding the threshold. The State will request a reasonable explanation and/or paper documentation from the individual to resolve any discovered discrepancies
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	If our SNAP/TANF file indicate inconsistent information with the participant's attested information, then we may need to request a reasonable explanation. An inconsistency may be that the person is pregnant for longer than 10 months without a report of household change.

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Caretaker Relative	YES	YES	YES	N/A	N/A	YES	YES	Use of TANF file for electronic verification when applicable. If data source indicates and inconsistency, will ask for a reasonable explanation and paper documentation if necessary. If individual is not in TANF file, will accept self-attestation. The same 6 month post-eligibility process for financial factors will also be used for non-financial excluding the threshold. The State will request a reasonable explanation and/or paper documentation from the individual to resolve any discovered discrepancies
Medicare	NO	NO	YES	N/A	N/A	NO	NO	If an inconsistency, would take the information from the data source over the attestation.
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	Example of this is applying for unemployment or social security. SA will be accepted

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Other: (Please describe any other eligibility factors in the space below)								
TPL	YES	NO	NO	N/A	N/A	NO	NO	Cooperation with Third Party Liability is still a requirement within ACA.
Child Supprt Enforcement Division	YES	NO	NO	N/A	N/A	NO	NO	Can still determine eligibility before the participant cooperates, this allows the Exchange to make a timely determination.
Premium cost-effectiveness for the Health Insurance Premium Payment Program	YES	NO	NO	N/A	N/A	NO	NO	Will use a form as a tool to gather sufficient information from client. This is a state option program.
<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: Montana Section B1. Use of Electronic Data Sources Financial:												
Electronic Data Source	Determined Useful (Y/N) ¹	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	NO	NO	NO	NO		Decided not useful because of the age of the data, the security requirements are too onerous and can't display to the applicant the information from the data source.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Other (specify in comments)	For the initial validation the SSA data source will be checked within six months of application. We will continue to use our SSA feed to verify changes in SSA benefits received.

Electronic Data Source	Determined Useful (Y/N) ¹	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	YES	NO	NO	YES	YES	Other (specify in comments)	For the initial validation the SWICA data source will be checked within six months of application. This data source will also be used to verify reported changes as needed.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Other (specify in comments)	For the initial validation the UI data source will be checked within six months of application. This data source will also be used to verify reported changes as needed.
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO		Does not exist for Montana
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO		Does not exist for Montana
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Other (specify in comments)	Used at renewal and post-enrollment within 6 months of application. Using for raw data since calculation different for MAGI.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Other (specify in comments)	Used at renewal and post-enrollment within 6 months of application. Using for raw data since calculation different for MAGI.

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9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO		Child support income is not countable with ACA
10. State Income Tax	NO	YES	YES	YES	YES	YES	YES	NO	NO	NO		Montana continues to review the efficacy of the data. Need to develop agreements and systems changes to connect with Department of Revenue which cannot be completed by Oct 1. Will consider for future date.
11. Commercial database: (Please describe any commercial databases in the space below)												
The Work Number	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Other (specify in comments)	Will be used as a secondary validation tool when self-attestation and other electronic data sources exceed the 10% compatibility threshold. This data source will also be used to verify reported changes as needed. As of Day 1, due to inability to share this data with SNAP/TANF, State will not be using the Hub for this data source.
12. Other: (Please describe any additional electronic data sources in the space below)												
National Directory of New Hires	YES	YES	YES	YES	YES	YES	NO	NO	YES	NO	Other (specify in comments)	Used post-enrollment only if a change is reported.
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

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Medicaid & CHIP

State:

Montana

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	NO		Only used at renewal for Medicare information.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO		Used at renewal for statuses subject to change or for 5-year bar update.
3. Vital Statistics	YES	NO	YES	NO	NO	YES	NO	NO	YES	NO	NO	NO	YES	YES	YES		Used at application for Age/DOB if inconsistent with SSA data. Used at application as a backup for Citizenship. Used post enrollment/renewal for caretaker relative when an inconsistency is identified through a check with the TANF file.
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Only access is to registration information and not drivers license information and since resources are not applicable to MAGI populations, the state will not use this data source.

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	YES	YES	NO	NO	NO	NO	YES	YES	Other (specify in comments)	Used at renewal and post-enrollment within 6 months of application. May use for pregnancy if the state becomes aware of a inconsistency.
6. Supplemental Nutrition Assistance Program (SNAP)	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	YES	YES	Other (specify in comments)	Used at renewal and post-enrollment within 6 months of application.
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES	Other (specify in comments)	Used for medical support cooperation.
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Montana does not have this program
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Do not use this source at present time for non-financial data.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not available for Montana
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
13. Other: (Please describe additional electronic data sources in the space provided below)																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	PARIS is used to determine duplicate benefits in another state or with Department of Defense (DOD).
* 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: Montana						
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	For the Medicaid expansion component, post-enrollment paper documentation is requested to verify if the applicant has other coverage for TPL purposes.
2. Applicant does not have access to affordable ESI					N/A	
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	NO		
4. Access to public employee coverage					N/A	
5a. Waiting period exception #1 (describe):	YES	NO	NO	NO		The parent or guardian providing insurance loses TriCare coverage.
5b. Waiting period exception #2 (describe):	YES	NO	NO	NO		The parent or guardian providing the insurance is fired, terminated, or laid off
5c. Waiting period exception #3 (describe):	YES	NO	NO	NO		The parent or guardian providing the insurance can no longer work due to a disability
5d. Waiting period exception #4 (describe):	YES	NO	NO	NO		The parent or guardian providing the insurance has a lapse in insurance coverage due to new employment
5e. Waiting period exception #5 (describe):	YES	NO	NO	NO		The parent or guardian providing the insurance had insurance coverage that ended because the stepparent, who provided the coverage, and the parent divorced

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
5f. Waiting period exception #6 (describe):	YES	NO	NO	NO		The parent or guardian providing the insurance had coverage through the Insure Montana Program
5g. Waiting period exception #7 (describe):	YES	NO	NO	NO		The parent or guardian providing the insurance dies.
5h. Waiting period exception #8 (describe):	YES	NO	NO	NO		The parent or guardian providing the insurance paid more than 50% of the insurance premium
5i. Waiting period exception #9 (describe):	YES	NO	NO	NO		The parent or guardian providing the insurance has insurance coverage that is not accessible (e.g. coverage is through an HMO in another state)
5j. Waiting period exception #10 (describe):	YES	NO	NO	NO		The parent or guardian providing insurance had coverage through the MT Health Insurance Premium Payment Program.
5k. Waiting period exception #11	YES	NO	NO	NO		the parent or guardian providing the insurance has an annual aggregate amount of health insurance premiums and cost sharing expenses imposed for coverage of the family of a child which exceeds 5% of the family's income.
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 Montana
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 for many factors of eligibility. For those that it doesn't, the state uses all available electronic data sources, which include, but are not limited to: Vital Statistics as a back-up for citizenship, SNAP/TANF data, various income verification data sources, etc. For factors that can be verified with electronic data, non-electronic verification is requested only if questionable or not reasonably compatible. The state will attempt to resolve inconsistencies with follow-up questions and reasonable explanations prior to requesting paper documentation.
2	Please describe how the state uses PARIS?	PARIS is used to determine duplicate benefits in another state or with Department of Defense (DOD).
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 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.	N/A

	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 for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the 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.	N/A
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	No additional verification

Section A. Additional Comments
Section B1. Additional Comments
Section B2. Additional Comments
Section C. Additional Comments