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

	Section A. Ver	ification Procedu	ures for Factors of E	ligibility				
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)	
Income*	NO	NO	YES	Both are above, at or below the applicable income standard.	N/A	YES	YES	For CHIP, if attestation the data source, prem be given an opportuni premium (but does no No reasonable compa show above, at or belo documentation would For Medicaid if individ source indicates incor individual's attestation CHIP and parent to the income, then determi
Residency	YES	NO	NO	N/A	N/A	NO	NO	Additional verification received from electro system) or returned n
								We do not use a speci
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	

Section A. Verification Procedures for Factors of Eligibility

Comments

ion of income puts premium (cost sharing) in a lower band than emium is assigned based on data source and the applicant will unity to provide further verification in order to lower the not apply to eligibility).

patibility standard other than both stated and income source below the applicable income standard. Otherwise Paper uld then be required.

vidual attests to income above the applicable standard and data come below the applicable standard, we would take the cion, make them ineligible for Medicaid and refer children to the FFM if coverage is requested. For CHIP we would verify the mine eligibility. If ineligible for CHIP, refer to FFM.

ion is requested if there is a discrepancy with information ronic sources obtained for other purposes (as an integrated I mail is received.

ecific data source for residency.

		1			1	1		
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)	
Social Security Number **								Additional verification
								interfaces to SSA not t up post eligibility if th
	NO	NO	YES	N/A	N/A	N/A	YES	We began using SVES made at the point of assigned to a worker. worker is ready to rev worker, this does not
								The state will not be u mitigation plan to use functional.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Additional verification interfaces with state v and not the Hub. Then documentation. Vital Records is real the to the worker on dem registration. After app process cases in the o application, the SVES eligibility. A reasonab needs to provide docu documentation if all o The state has an appre eligibility system is fur
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Additional verification interfaces with DHS a is contacted and docu verifed at initial steps The state has an appr eligibility system is fur

Comments

on is requested if there is a discrepancy. Will use current batch It the Hub This does delay eligibility determination. We follow there is a discrepancy.

ES for CHIP 2011 and for Medicaid 8/2012. A batch request is f application registration. After application registration it gets r. Workers process cases in the order received. By the time the eview the application, the SVES response displays for the ot delay eligibility.

e using the HUB for this day 1. The state has an approved se its current process until the new eligibility system is

on is requested if there is a discrepancy. Will use real time e vital records and current batch interfaces with SSA and DHS en last resort, will reach out to individual for paper

time, not batch. Our database stores SSA responses for display emand. The batch request is made at the point of application application registration it gets assigned to a worker. Workers e order received. By the time the worker is ready to review the ES response displays for the worker, this does not delay able opportunity period is also given for any applicant that ocumentation. The application is approved while waiting on II other eligibility critieria are met.

proved mitigation plan to use its current process until the new functional.

on is requested if there is a discrepancy. Will use current batch and not the Hub. Current SAVE process requires that individual cumentation requested if the inidividual's status cannot be os.

proved mitigation plan to use its current process until the new functional.

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)	
Household Composition	YES	NO	YES	N/A	N/A	YES	YES	Accept self-attestatior TANF) conflicts with a individuals are SNAP), CHIP is not integrated someone reports a inc If claiming multiple bir
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO	YES	N/A	N/A	NO	YES	Accept self-attestatior TANF) conflicts with ap paper documentation
Medicare	NO	YES	YES	N/A	N/A	NO	YES	Paper documentation data sources or the inf attestation.
Application for Other Benefits	NO	YES	YES	N/A	N/A	NO	YES	Post-eligibility verifica requested after three inconsistency. CHIP dc
Other: (Please describe any other eligibility factors in the space below)								
* Chata a manual ala ali ali si		- Internet and the second second		· · · · · · · · · · · · · · · · · · ·		- I - · · · · · I - · · · II		

* 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).

** 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.

*** States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

Comments

ion unless information within the integrated system (SNAP and application. Reasonable explanation is then requested. (80% of P), and paper documentation if necessary.

ed with Medicaid and will always accept self-attestation unless inconsistency.

births, medical verification of multiple fetuses is required.

ion unless information within the integrated system (SNAP and application. Reasonable explanation is then requested, and on if necessary.

on will be required if data is not available through electronic information from the sources is inconsistent with the

cation accepted for Medicaid only. Paper documentation ee months if electronic data source is unavailable or shows an does does not require application for other benefits.

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

Section B1. Use of Electronic Data Sources

Financial:	Section B1. 03e	Of Liccti	onic Dat	a source	.5							
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 Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	
1. Internal Revenue Service (IRS)	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		Not used for MAC which are more r
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used post-enrollr The state has an a
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO		New Hire Alerts.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO		UCB data is not st when a change is
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		The program doe
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		The program doe
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used Post-enrollr
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used Post-enrollr
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used Post-enrollr
10. State Income Tax	NO	YES	YES	YES	YES	NO	NO	NO	NO	NO		Does Not include
11. Commercial database: (Pease describe any commercial databases in the space below)						Γ		Γ	I	I	1	
12. Other: (Please describe any additional electronic data sources in the space below)											1	1
The Work Number (TALX)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Used post-enrollr TALX. Medicaid v

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.

Comments IAGI eligibility. GA is not using IRS data for MAGI because we are using our current data sources reliable and provide closer real time responses Ilment when changes are reported. We are using the state's current data match with SSA. in approved mitigation plan to use its current process until the new eligibility system is functional. s. Used post-enrollment when changes are reported. Electronic match not available for CHIP. t stored. Information is displayed when a UCB request is made by a worker as needed at renewal or e is reported. Electronic match is not available for CHIP loes not exist in GA loes not exist in GA ollment when changes are reported. No electronic match available for CHIP. Ilment when changes are reported. No electronic match available for CHIP. Ilment when changes are reported. No electronic match available for use by the CHIP program. de specific income amounts. Limited access

Ilment when changes are reported. Information is coming through the state's current match with d worker can request information real time whenever needed. Electronic match for CHIP done daily.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)Medicaid & CHIPState:Georgia

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	NO	NO	YES	YES	YES	Other (specify in comments)	As needed post-enrollment for Medicare.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO		Also as needed for Death, Marriage, Birth, Divorce
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
5. Temporary Assistance for Needy Families (TANF)	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	YES	YES	NO		used post-enrollment as changes occur. Information not available for use by CHIP. Can be use for residency if necessary post- enrollment.

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
6. Supplemental Nutrition Assistance Program (SNAP)	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	YES	YES	NO		used post-enrollment as changes occur. Informaton not available for use by CHIP. Can be use for residency if necessary post- enrollment.
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES		used post-enrollment as changes occur. Not available for use by CHIP
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)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO		Express Lane Eligibility
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)		L	L	I	1	I	I			L	I	I	1	I	1	1	

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)	
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	Other (specify in comments)	We are currently working with the interstate and federal files. File is put in a dashboard and sorted by highest to lowest claim value and staff work to resolve the discrepancy. We are still working on setting up the VA file. The PARIS file is used as a fraud detection tool by Office of Inspector General not for eligibility. This is a post eligibility process and not a part of the enrollment process. OIG uses the file to verify benefits in another state.

* 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) Me State: Geo

Medicaid & CHIP Georgia

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	NO	YES	YES	YES	Must be Applied	Electronic Data Sources - GA MMIS, State Health Benefit Plan and Board of Regents. Paper documentation only requested when applicant disagrees with electronic data source match In general, accept self-attestation but system does automatic matches with Medicaid (MMIS) and State Health Benefit (State Board of Regents) and post-enrollment with TPL vendor other health insurance. If a customer drops his or her insurance, a waiting period is imposed.
2. Applicant does not have access to affordable ESI	NO	NO	NO	YES		We will verify access to ESI to determine member exemption from the waiting period when: 1. An applicant or enrollee reports any of the following in a written or verbal statement, or indicates on his or her application or renewal that the applicant or his or her spouse or parent: a. dropped health insurance from a current employer , or c. work for an employer that stopped offering health insurance. OR 2. An applicant or enrollee provides ESI information that is inconsistent with documentation or information on file and, 3. there are no electronic matches available to verify.
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	NO		Documents are required to determine exemption from the waiting period. Documents are requested if parent reports that the cost of insurance listed below. (5a-5I)
4. Access to public employee coverage					N/A	

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
5a. Waiting period exception #1 (describe):	NO	NO	NO	YES		Exception: Employer cancellation of entire group plan. Paper documentation only requested when applicant disagrees with electronic data source match or customer reports the information and there is no electronic data source match
5b. Waiting period exception #2 (describe):	NO	NO	NO	YES		Exception: Loss of Eligibility due to parent's layoff from employer: Paper documentation requested or verified with electronic data report or HMS Insurance associates.
5c. Waiting period exception #3 (describe):	NO	NO	NO	YES		Exception: Employment Termination: Paper documentation requested.
5d. Waiting period exception #4 (describe):	NO	NO	NO	YES		Exception: Leave of absence without pay or reduction of work hours: Paper documentation requested, electronic data report, HMS
5e. Waiting period exception #5 (describe):	NO	NO	NO	YES		Exception: Cancellation of private health insurance due to cost share exceeding 5% of the annual income : Paper documentation requested
5f. Waiting period exception #6 (describe):	NO	NO	NO	YES		Exception: Cancellation of individual policy to due meeting lifetime caps: Paper verification requested
5g. Waiting period exception #7 (describe):	NO	NO	NO	YES		Exception: Cancellation of COBRA or individual policy: Paper documentation requested.
5h. Waiting period exception #8 (describe):	NO	NO	NO	YES		Exception: Resignation of parent from employment : Paper documentation requested.
5i. Waiting period exception #9 (describe):	NO	NO	NO	YES		Exception: A child born during the two month waiting period.
5j. Waiting period exception #10	NO	NO	NO	YES		Exception: Has special health care needs
5k. Waiting period exception #11	NO	NO	NO	YES		Exception: Lost coverage due to the death or divorce of a parent
 Waiting period exception #12 (describe): 	NO	NO	NO	YES		Exception: The employer stopped offering coverage of dependents
6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the space provided below)						

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

Medicaid & CHIP Georgia

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 we don't, the state uses all available electronic data sources and paper documentation is only required, due to the electronic database not storing real time data, if data is unavailable or if not passing the reasonable compatibility test and in some cases if a reasonable explanation is not provided.
2	Please describe how the state uses PARIS?	We are currently working with the interstate and federal files. File is put in a dashboard and sorted by highest to lowest claim value and staff work to resolve the discrepancy. We are still working on setting up the VA file. The PARIS file is used as a fraud detection tool by Office of Inspector General not for eligibility. This is a post eligibility process and not a part of the enrollment process. OIG uses the file to verify 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
	 If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: Reduces administrative costs and burdens on both individuals and the State, Maximizes accuracy and minimizes delay, Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and Promotes coordination with other insurance affordability programs. 	
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.	YES
	 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, 	CHIP will not use the HUB as part of its contingency plan to verify information. The HUB will be used when the new Integrated Eligibility System is implemented. Medicaid will use not use the HUB as part of its contingency plan for verification. The HUB will be used when the new Integrated Eligibility System is implemented.
	 disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs. 	As stated in the HUB waiver request letter dated 7/5/13 this is a temporary request . We intend to connect to the HUB when the new Intergraded eligibility system is implemented in the state. With the exception of the IRS, Georgia currently uses the same electronic sources in the HUB for Medicaid eligibility determinations. CHIP will use these same sources because application will be screened through the Medicaid electronic sources prior to eligibility determination. See HUB waiver request letter in CALT Georgia folder at
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	https://calt.cms.gov/sf/docman/do/listDocuments/projects.medicaid_state_co llaborative_com/docman.root.verification_plan.georgia

Section A. Additional Comments

Section B1. Additional Comments

Section B2. Additional Comments

Section C. Additional Comments