

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	YES	YES	<p>If the individual's attestation is equal to or less than the applicable income-standard-and the automated verification source's income is equal to or less than the income standard, the attestation is deemed reasonably compatible and the individual is income eligible. Subsequent automated income matches will be compared to the attestation for review.</p> <p>If the attestation is greater than the income standard and the automated verification source's income is greater than the income standard, the applicant/beneficiary is income ineligible.</p> <p>If the attestation is less than the income standard and the automated verification source's income is greater than the income standard, reasonable explanation and/or paper documentation will be requested.</p> <p>If the attestation is more than the income standard limit and the automated verification source's income is less than the income standard limit, reasonable explanation and/or paper documentation will be requested.</p>
Residency	NO	NO	YES	N/A	N/A	NO	YES	Paper would be required if no electronic data source verifies information per state law N.C.G.S. 108A-55.3 and affects eligibility.
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	Self-attestation will be accepted, unless an inconsistency is identified in the course of verifying other information.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	If electronic verification is not satisfied, use paper SSN Card State plans to utilize current real time SSA SOLQI data feed to verify SSN. State does not plan to utilize the Hub at this time.

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
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	If electronic verification is not satisfied, request paper verification. State plans to utilize current real time SSA SOLQi data feed to verify Citizenship. State does not plan to utilize the Hub at this time.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Follow normal process with Homeland Security if electronic verification fails. State plans to utilize current SAVE data feed to verify Immigration Status. State does not plan to utilize the Hub at this time.
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	Self-attestation will be accepted, unless an inconsistency is identified in the course of verifying other information or if the state is aware that the child is claimed in two households.  Will request documentation for pregnant women expecting more than one fetus.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	Only if discrepancy is discovered. Request verification from medical provider.
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	Self-attestation will be accepted, unless an inconsistency is identified in the course of verifying other information. In these situations, will leverage current NC FAST interfaces. If inconsistency still exists after use of electronic data sources, paper documentation may be required.
Medicare	NO	YES	YES	N/A	N/A	NO	YES	If inconsistency with electronic verification, will leverage current NC FAST interfaces. Paper would be used if inconsistency remains.
Application for Other Benefits	NO	NO	YES	N/A	N/A	NO	YES	If inconsistency with electronic verification, will leverage current NC FAST interfaces. Paper would be used if inconsistency remains.
Other: (Please describe any other eligibility factors in the space below)								

\* 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.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

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

State: North Carolina

Section B1. Use of Electronic Data Sources

Financial:

Electronic Data Source	Determined Useful (Y/N)	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		NC will not use IRS data for any Financial Verifications. The state does not find the data useful.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Data source used at application for eligibility verification.  Utilizing current SSA data feed for Title 2 income. Not utilizing the Hub at this time.  Post Enrollment Frequency: 6 MONTHS  These comments provide further detail on post-enrollment usage: Use Post-Enrollment for changes in income, or program integrity purposes. Using current SSA data feed.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Quarterly	ESC - QUARTERLY WAGE MATCH ACTS - NEW HIRE (NIGHTLY)
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Quarterly	ESC - UIB MATCH ACTS - NEW HIRE (NIGHTLY)
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not applicable.  Our understanding of SASPP is that it is a supplemental payment for SSI recipients and our state program does not fall under this.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		No interface

Electronic Data Source	Determined Useful (Y/N)	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
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Integrated Eligibility System - Immediate. Only utilizing for raw wage data, as this is not MAGI calculated. Use Post-Enrollment for changes in income, or program integrity purposes.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Integrated Eligibility System - Immediate. Only utilizing for raw wage data, as this is not MAGI calculated. Use Post-Enrollment changes in income, or program integrity purposes.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	ACTS - upon demand. Use Post-Enrollment for changes in income, or program integrity purposes.
10. State Income Tax	YES	YES	YES	YES	YES	YES	NO	NO	NO	NO		Data is useful but we do not have an interface at this time, will need one to Dept Of Rev Effective date of interface unknown. At that time, will use every 6 MONTHS
11. Commercial database: (Please describe any commercial databases in the space below)												
The Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Currently manual interface, will need contract update to The Work Number. Will continue to utilize current manual interface system until automated is available. Use at application, renewal and post-enrollment.  Day 1 timelines mean we are not in a position to use this interface through the Hub. We are endeavoring to use this interface at the first opportunity.

Electronic Data Source	Determined Useful (Y/N)	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
AVS	YES	YES	YES	YES	YES	YES	NO	NO	NO	NO	Other (specify in comments)	Placeholder for Medicaid but likely not ready for implementation in October. At that time, will be every 6 months. Potential income and deposit data. RFP issued; contract awarded; implementation to be determined. AVS - Asset Verification System required by MIPPA for ABD population.
12. Other: (Please describe any additional electronic data sources in the space below)												
PARIS	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Quarterly	VA income

The state marked any criterion YES if it was considered as a reason the data source was determined useful/not useful.

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	YES	NO	YES	YES	YES	Other (specify in comments)	6 Months Used post enrollment to identify changes in Medicare or App for Other Benefits. Also can be used if an inconsistency is identified with Age/DOB in the course of verifying other information.  State plans to utilize current SSA SOLQi data feed for verification. State does not plan to utilize the Hub at this time.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	Used post enrollment and renewal for changes in status and 5 yr bar.  State plans to utilize current DHS SAVE data feed for verification. State does not plan to utilize the Hub at this time.
3. Vital Statistics	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		No interface available. Vital Stats does not have electronic data available. Vital Stats is in the process of making data available, and then NC will plan to utilize.
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Can also be used for Age/DOB is necessary. On Demand
5. Temporary Assistance for Needy Families (TANF)	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Can be utilized for verification of Age/DOB, Caretaker Relative, and Household Comp if necessary.

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	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Can be utilized for verification of Age/DOB, Caretaker Relative, and Household Comp is necessary.
7. Office of Child Support Enforcement	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	ON DEMAND. Can be utilized for verification of Caretaker Relative, and Household Comp if necessary.
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		N/A No state program
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		No interface
10. State Income Tax	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		No interface, will need to build. Effective date unknown. At that time, will use every 6 MONTHS. Can be utilized for verification of Age/DOB, Caretaker Relative, and Household Comp is necessary.
11. Commercial database: <i>(Please describe any commercial databases in the space below)</i>																	
THE WORK NUMBER	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	Used Post Enrollment to identify changes and/or PI purposes.

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)																	
PARIS*	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	YES	YES	NO	NO	YES	Quarterly	Interstate and VA match data; Can be used for Age/DOB if necessary.
NORTH CAROLINA DOC	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	Other (specify in comments)	Daily Upon incarceration Upon release Date of death Used post enrollment to identify and verify changes.
MMIS	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	Other (specify in comments)	TPL - ON DEMAND Used post enrollment to identify and verify changes.

\* 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 Carolina

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	MMIS; Vendor searches and updates MMIS. Paper documentation is requested when there is an inconsistency between individual's attestation and electronic data source and effects eligibility.  Medicaid Expansion Component - same process as above.
2. Applicant does not have access to affordable ESI					N/A	
3. When child has had coverage (as applicable to states' waiting period)					N/A	
4. Access to public employee coverage	NO	YES	YES	YES		Children of State employees and teachers are eligible for coverage under Title XXI because the State of North Carolina does not subsidize or contribute to the cost of dependent health insurance. The state employee must pay 100% of the health insurance premium costs for any dependents covered under the State Employee PPO health plan.  MMIS; Vendor searches and updates MMIS. Paper documentation is requested when there is an inconsistency between individual's attestation and electronic data source and effects eligibility.
5a. Waiting period exception #1 (describe):					N/A	
5b. Waiting period exception #2 (describe):					N/A	
5c. Waiting period exception #3 (describe):					N/A	
5d. Waiting period exception #4 (describe):					N/A	
5e. Waiting period exception #5 (describe):					N/A	
5f. Waiting period exception #6 (describe):					N/A	
5g. Waiting period exception #7 (describe):					N/A	
5h. Waiting period exception #8 (describe):					N/A	

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
5i. Waiting period exception #9 (describe):					N/A	
5j. Waiting period exception #10 (describe):					N/A	
6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i>						
CHIP	NO	NO	NO	NO		Participation in CHIP program is contingent upon payment of enrollment fee when required.

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):	NC intends to use self-attestation and/or all available data sources and only require paper documentation when additional electronic sources are not available or if there are inconsistencies with electronic data sources that have an impact on eligibility. We are required by state statute to obtain two verifications of state residency for all applicants. We will use electronic data matches unless information is not compatible. Paper documentation would include rent/utility receipts. It would be very difficult to create electronic matches with all landlords, utility companies and other sources. For pregnancy, if there is discrepancy, a paper document would include statement from medical provider as we would not have access electronically to medical records for eligibility purposes. The state also plans to develop an interface with Vital Statics to use for electronic verification.
2	Please describe how the state uses PARIS?	VA and Interstate Match; possible additional Federal Wage Data in future. Used to verify residency.
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.	
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

	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>	<p>Letter has been submitted to CMS.</p>
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