State Health Reform Assistance Network
Charting the Road to Coverage

ISSUE BRIEF
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State Based Health Insurance Exchange Individual Eligibility Business Requirements (BR) Template

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The Individual Eligibility Business Requirements template defines, at a high level, what has to be done by a state's eligibility information technology system to fulfill Exchange and Medicaid business needs for Qualified Health Plans (QHP) and insurance affordability program eligibility determinations, including Medicaid, CHIP, the Basic Health Program (should the state implement one), and premium tax credits. The business requirements were developed based on the eligibility business functions that state Exchanges and Medicaid agencies are required to support pursuant to the Patient Protection and Affordable Care Act (ACA), and implementing regulations.[1] Noted throughout the template are state policy decisions that will drive eligibility determination process and business requirements. These decisions include the state's reasonable compatibility standard and whether navigators, agents, brokers, and other third party assisters will have a designated portal access to the Exchange. While the template reflects federal requirements and state options, states may build on this model to include state specific eligibility requirements. This template may be useful to states in developing both Exchange requirements and modernized Medicaid eligibility system requirements.

ABOUT STATE NETWORK
State Health Reform Assistance Network, a program of the Robert Wood Johnson Foundation, provides in-depth technical support to states to maximize coverage gains as they implement key provisions of the Affordable Care Act. The program is managed by the Woodrow Wilson School of Public and International Affairs at Princeton University. For more information, visit *www.statenetwork.org*.

ABOUT MANATT HEALTH SOLUTIONS
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[1] Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers; Final rule, Interim final rule," Federal Register, 77:59 (27 March 2012), pp.18310-18475; Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010; Final rule, Interim final rule," Federal Register, 77:57 (23 March 2012), pp.17144-17217.

BR#	Requirement	Federal Requirement	State Requirement	Notes
		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
Prescreening				
BR 1	**The State Exchange (HIX) shall allow users to anonymously view: (i) general information about the Exchange; (ii) the plans and the process they will have to follow to get help paying for their health insurance; and, (iii) information on their potential eligibility for State's Health Insurance Affordability Programs (Medicaid, CHIP, Advance Premium Tax Credits/Cost-Sharing Reductions).**	45 CFR §155.302		
BR 1.1	The HIX shall display general information about health plans and Insurance Affordability Programs (IAP) for all users to view (without requiring login).	45 CFR §155.205		
BR 1.1.1	The HIX shall provide information in simple and understandable terms.	42 CFR §435.905 45 CFR §155.205		
BR 1.1.2	The HIX shall provide information that is accessible to applicants living with disabilities.	42 CFR §435.905 42 CFR §435.1200 45 CFR §155.205		
BR 1.1.3	The HIX shall provide information that is accessible to applicants with Limited English Proficiency.	42 CFR §435.905 42 CFR §435.1200 45 CFR §155.205		
BR 1.1.4	The HIX shall provide information on the eligibility requirements, services, and rights and responsibilities that apply to Medicaid and CHIP.	42 CFR §435.905		
BR 1.1.5	The HIX shall display and provide browsing and comparison capabilities on health plans and Insurance Affordability Programs (without requiring login), including: (i) premium and cost-sharing information; (ii) summary of benefits and coverage; (iii) whether a plan is a bronze, silver, gold or platinum level; (iv) results of satisfaction surveys; (v) quality ratings; (vi) medical loss ratio information; and (vii) transparency of coverage measures.	45 CFR §155.205		
BR 1.2	The HIX shall provide information on the procedures for signing up for health coverage (without requiring login).			
BR 1.2.1	The HIX shall provide users with the option to complete a pre-screening of potential eligibility for Insurance Affordability Programs (without requiring login).			
BR 1.2.2	The HIX shall provide an expert level pre-screening function to agents and brokers, Navigators, and caseworkers.			Policy decision: Will the HIX also provide agents and brokers with an expert pre-screening function? 45 CFR §155.320
BR 1.2.3	The HIX shall accept input necessary for eligibility pre-screening from applicants, agents and brokers, Navigators, and caseworkers.			Policy decision: Will the HIX allow agents and brokers to input information for pre-screening? 45 CFR §155.320
BR 1.2.4	The HIX shall display eligibility pre-screening results to applicants, agents and brokers, Navigators, and caseworkers.			Policy decision to also provide information to agents and brokers. 45 CFR §155.320.
BR 1.3	The HIX shall provide functionality to allow hospital officials to submit demographic and eligibility data for newborns who are eligible for Medicaid.			Policy option
BR 1.4	The HIX shall alert users that they can secure help with the application or redetermination process over the telephone, in person, and online and in a manner that is accessible to applicants with limited English proficiency and with disabilities.	42 CFR §435.908 45 CFR §155.205		

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 1.4.1	The HIX shall alert users to the availability of additional consumer assistance including a call center and lists of available agents and brokers and Navigators broken down by geography.	45 CFR §155.205		Policy option to alert applicants to availability of agents and brokers.
BR 1.5	The HIX shall alert users that they may submit an application or file for redetermination via the web, by telephone, via mail, in person, and through other commonly available electronic means.	42 CFR §435.907 45 CFR §155.405		Other commonly available electronic means could include scanned application submitted by email or text message to HIX.
Application, Registration and Intake				
BR 2	**The HIX shall allow applicants to apply for QHPs and Insurance Affordability Programs and register for an account.**			
BR 2.1	The HIX shall allow applicants to submit application/ renewal information for enrollment in Qualified Health Plans and Insurance Affordability Programs.			
BR 2.2	The HIX shall allow applicants to establish an online account.			
BR 2.2.1	The HIX shall assess if an applicant requesting a new account already has an account within the system.			
BR 2.2.2	The HIX shall display and enable the applicant to recover account login information if an applicant account already exists.			
BR 2.3	The HIX shall check for duplicate household members with other cases in the Medicaid and HIX eligibility system(s).			
BR 2.4	The HIX shall allow the applicant to register if the applicant is new to the HIX.			
BR 2.5	The HIX shall require no more than the minimum amount of information necessary to evaluate eligibility for QHPs and Insurance Affordability Programs.	42 CFR §435.907(e)		
BR 2.5.1	The HIX shall provide applicants with a choice to request only an eligibility determination for enrollment in a QHP.	45 CFR §155.310(b)		Screening limited to residency, citizenship/ immigration status and incarceration.
BR 2.5.2	The HIX shall provide applicants with a choice to request eligibility determination for all Insurance Affordability Programs.	RSG 22 §155.310(b)		An applicant may not screen for an Advance Premium Tax Credits (APTC)/Cost-Sharing Reductions (CSR) unless they have been screened for Medicaid/CHIP and found ineligible.
BR 2.5.3	The HIX shall allow applicants who are not themselves eligible for coverage to apply for APTC/ CSR for family members who are eligible.	§1.36B-2		
BR 2.6	The HIX shall solicit the name of every applicant for a QHP and IAP.			
BR 2.7	The HIX shall solicit information regarding the family relationships of the applicants for IAPs, e.g., parent (biological, adopted and step); caretaker relative (e.g., grandparent, aunt, uncle); spouse; child (biological, adopted and step); and sibling (biological, adopted and step).	42 CFR §435.603		
BR 2.8	The HIX shall solicit the date of birth for all applicants for an IAP.			
BR 2.9	The HIX shall request an SSN from IAP applicants who have one.	42 CFR §435.910 45 CFR §435.907(e)		

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 2.9.1	The HIX shall comply with SSN related application exceptions for Medicaid/CHIP applicants.	42 CFR §435.910(h)		SSNs may not be required of Medicaid/CHIP applicants if an applicant: (i) is not eligible to receive an SSN; (ii) does not have an SSN and may only be issued an SSN for a valid non-work reason; (iii) refuses to obtain an SSN because of well- established religious exceptions.
BR 2.9.2	The HIX shall request an SSN from non-applicants only as necessary for the purposes of determining IAP eligibility for applicants.			
BR 2.9.3	The HIX shall request the SSN of non-applicants for Medicaid/CHIP on a voluntary basis and provide information on how it will be used.	42 CFR §435.910 45 CFR §435.907(e)		
BR 2.9.4	The HIX shall require SSNs for non-applicants for APTC/CSRs if they are tax filers, have an SSN, and have filed tax returns that will be used for determining APTC/CSR eligibility.	42 CFR §155.310		
BR 2.9.5	The HIX shall solicit American Indian/Alaska Native information	CCIIO required data elements		
BR 2.10	The HIX shall solicit or obtain missing information[2] regarding the applicant's residence.			
BR 2.10.1	The HIX shall solicit or obtain missing residence information for applicants > age 21 including where the applicant is living and: (i) intends to reside (without a fixed address); or (ii) entered the HIX service area with a job commitment or seeking employment.	42 CFR §435.403 45 CFR §155.305		
BR 2.10.2	The HIX shall solicit residence information for < 21 (and unable to express intent): (i) where the applicant is living (without a fixed address); or (ii) the HIX service area of the parent or caretaker.	42 CFR §435.403 45 CFR §435.403		
BR 2.11	The HIX shall solicit missing or updated information regarding incarceration (other than pending the disposition of charges) for all applicants screening for a QHP.	45 CFR §155.305		
BR 2.12	The HIX shall solicit missing or updated information regarding citizenship, status as a national, or immigration status.	8 U.S.C. §1641 45 CFR §155.305		Does state offer Medicaid to applicants who are PRUCOL?
BR 2.12.1	The HIX shall solicit missing or updated information regarding duration of an applicant's lawful presence.	8 U.S.C. §1613(a) 45 CFR §155.305(f)(2)		
BR 2.13	For determining Medicaid eligibility, the HIX shall solicit missing or updated information regarding any applicants who are pregnant, including the number of children the pregnant applicant is expecting to deliver.	42 CFR §435.603		
BR 2.14	The HIX shall solicit missing or updated information on an applicant's status as an Indian.	RSG 22 §155.350		
BR 2.15	The HIX shall solicit missing or updated information on full-time student status for children under the age of 21.	42 CFR §435.603		

[2] The HIX shall obtain available information for verifying all eligibility criteria, to the maximum extent possible, from useful state or federal data sources.

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 2.16	The HIX shall solicit missing or updated information regarding whether an applicant is a tax payer who cannot be claimed as a dependent by another taxpayer.	42 CFR §435.603		
BR 2.16.1	The HIX shall solicit missing or updated information regarding whether an applicant is a dependent for purposes of constructing a Medicaid household or APTC household.	42 CFR §435.603		For the purposes of screening for Medicaid/CHIP for *current* beneficiaries, the state has the option to use a projected annual income budget period to increase alignment with APTC/CSR budget periods. 42 CFR §435.603.
BR 2.17	The HIX shall solicit missing or updated information needed to evaluate projected annual MAGI income.	42 CFR §435.403 42 CFR §435.603 42 CFR §457.315 42 CFR §457.320 45 CFR §155.305		Calculate projected annual household income based on a monthly average for assessing "reasonably predictable income changes," and to increase alignment with APTC/CSR budget periods. 42 CFR §435.603.
BR 2.17.1	The HIX shall solicit information as to whether the applicant experienced any changes in income that could reasonably explain a discrepancy in data obtained to verify attestation (e.g., loss or gain of a job and/or decrease or increase in hours).			
BR 2.17.2	The HIX shall solicit missing or updated information regarding current monthly income for Medicaid/CHIP applicants.	42 CFR §435.603		State has the option to adjust current monthly income with any reasonably predictable increases or decreases in income.
BR 2.17.3	The HIX shall solicit information regarding any reasonably predictable increases or decreases in income (such as an anticipated increase in wages or increase or decrease in hours).	42 CFR §435.603		For determining Medicaid/CHIP eligibility, the state has the option to adjust for reasonably predictable increases or decreases in income so there is greater alignment across eligibility budget periods with APTC/CSR.
BR 2.17.4	The HIX shall solicit income information regarding Medicaid MAGI income exemptions: (1) lump sum gift or payment is counted as income in the month received; (2) scholarships, awards or fellowship grants used for educational purposes; and (3) American Indian/Alaska Native income exceptions.	42 CFR §435.603		
BR 2.18	For purposes of determining PTC eligibility, the HIX shall solicit information regarding whether any applicant is enrolled in or eligible for minimum essential coverage including government sponsored programs, employer-sponsored plans, grandfathered plans, and certain other health benefits coverage.	§1.36B-2		
BR 2.18.1	The HIX shall solicit information regarding whether eligible employer-sponsored coverage is affordable for an employee and employee dependents.	§1.36B-2		
BR 2.18.2	The HIX shall solicit information regarding whether eligible employer- sponsored coverage provides minimum value.	§1.36B-2		

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 2.18.3	The HIX shall solicit information regarding eligible employer-sponsored coverage including employer name, EIN, contact information, hours per week, offer of health coverage, date of future enrollment, name of lowest cost plan, employee contribution and frequency, and any special enrollment period information.	CCIIO required data elements		
BR 2.18.4	The HIX shall solicit past health coverage end date and reason for termination information for evaluating application of CHIP waiting period.	CCIIO required data elements		
BR 2.19	The HIX shall screen for eligibility under Non-MAGI Medicaid eligibility categories if applicant requests such screening.	42 CFR §435.1200 45 CFR §155.345		
BR 2.20	For determining Medicaid eligibility, the HIX shall request information regarding past medical expenses.	CCIIO required data elements		Policy option to request information after the individual has been determined eligible for Medicaid.
BR 2.21	For determining Medicaid eligibility, the HIX shall request information regarding medical support enforcement (absent parent).	CCIIO required data elements		Policy option to request information after the individual has been determined eligible for Medicaid.
BR 2.22	The HIX shall gather and present applicant eligibility data from external sources.			
BR 2.22.1	The HIX shall search external data sources, including the Federal Data Hub and other state and federal data sources.	42 CFR §435.948 42 CFR §435.949 45 CFR §155.315 45 CFR §155.320		
BR 2.22.2	The HIX shall allow applicants to view the data collected from the external sources.			
BR 2.22.3	The HIX shall verify applicant application information for completeness of data.			
BR 2.23	The HIX shall allow for applications to be filed with an electronic signature (including telephonic and handwritten signatures transmitted via any other electronic transmission).	42 CFR §435.907(f)		
BR 2.24	The HIX shall require initial Medicaid/CHIP applications to be signed under penalty of perjury.	42 CFR §435.907		
BR 2.25	The HIX shall provide Rights and Responsibilities language to applicants.	CCIIO required data elements		
BR 2.26	The HIX shall request authorized representative information (name, organization, address, phone number, email, permissions, and signature of applicant).	CCIIO required data elements		
BR 2.27	The HIX shall request authorized representative information (name, organization, address, phone number, email, permissions, and signature of applicant).	National Voter Registration Act of 1993, 42 USC 1973 GG-5, as cited in CCIIO required data elements.		
Eligibility Verification				
BR 3	**The HIX shall verify information needed to evaluate eligibility for QHPs and Insurance Affordability Programs.**			
BR 3.1	The HIX shall accept applicant attestation of eligibility information to the extent that it is reasonably compatible with verification information accessed through electronic databases.			
BR 3.2	The HIX shall rely on the federal data services hub to the maximum extent feasible to gather data to verify eligibility information.	42 CFR §435.949		

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 3.2.1	The HIX shall obtain data directly from federal and state sources if it is not available through the hub.			
BR 3.3	The HIX shall verify the Social Security number of applicants.			
BR 3.3.1	The HIX shall process Medicaid/CHIP eligibility for an applicant who otherwise would have been eligible pending SSN verification.	42 CFR §435.910		
BR 3.3.2	The HIX shall transmit the SSN and other identifying information for verification via the federal data services hub for applicants attesting to citizenship.	42 CFR §435.949 45 CFR §155.315		
BR 3.3.3	The HIX shall transmit necessary information to the Department of Homeland Security via the federal data services hub for applicants attesting to immigration status or for whom citizenship cannot be verified.	45 CFR §155.315		
BR 3.4	The HIX shall accept self-attestation of residency without requiring additional information unless such attestation is not reasonably compatible with other information.	45 CFR §155.315(c) 42 CFR §435.956(c)		State has policy option to: (i) accept residency without further verification; or (ii) to verify residency with other information available through to the HIX.
BR 3.5	The HIX shall verify incarceration for QHP eligibility using data sources approved by HHS or, if not available, by self-attestation unless it is not reasonably compatible with other information.	45 CFR §155.315(d)		
BR 3.6	The HIX shall require applicants to attest to household composition without requiring additional information unless such attestation is not reasonably compatible with other data sources.	45 CFR §155.320(c)(2)(i) 42 CFR §435.956(f)		
BR 3.7	The HIX shall permit applicants to attest to pregnancy (for Medicaid/CHIP) and it shall rely on attestation unless it is not reasonably compatible with other information available to the HIX.	42 CFR §435.956(e)		
BR 3.8	The HIX shall verify attestation of current monthly income (adjusted for reasonably predictable changes/projected annual income) for Medicaid/ CHIP purposes by relying on external data sources that are deemed useful and shall accept such attestation unless it is not reasonably compatible with verifying data.	42 CFR §435.948 42 CFR §435.952		
BR 3.8.1	The HIX shall request information relating to financial eligibility using an SSN or other personally identifying information from the federal hub, state sources, and, if needed, directly from other federal sources.	42 CFR §435.948 42 CFR §435.949 45 CFR §155.320		
BR 3.8.2	For the purposes of Medicaid/CHIP eligibility verification, if applicant attestation of income and the data obtained to verify income are both below Medicaid/CHIP MAGI levels the HIX shall accept applicant attestation.	42 CFR §435.952		
BR 3.8.3	For the purposes of Medicaid/CHIP eligibility verification, if applicant attestation of income and the data obtained to verify income are both above Medicaid/CHIP MAGI levels, the HIX shall accept applicant attestation.	42 CFR §435.952		
BR 3.8.4	For the purposes of Medicaid/CHIP eligibility verification, if applicant attestation of income is above Medicaid/CHIP MAGI levels, the HIX shall accept applicant attestation.			
BR 3.8.5	For the purposes of Medicaid/CHIP eligibility verification, if applicant attestation of income is below Medicaid/CHIP MAGI levels and the data obtained is above Medicaid/CHIP MAGI levels, the HIX has four reasonable compatibility (RC) income verification options articulated on the following pages.			

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
Option 1: BR 3.8.6	**Income Verification RC Option 1:** • If applicant income attestation is below Medicaid/ CHIP MAGI levels and the data obtained is above Medicaid/CHIP MAGI levels the HIX shall accept applicant attestation. • The HIX shall conduct post eligibility verification for enrollees with a discrepancy between attested and verified income.			
Option 2: BR 3.8.7	**Income Verification RC Option 2:** If applicant income attestation is below Medicaid/ CHIP MAGI levels and the data obtained is above Medicaid/CHIP MAGI levels the HIX shall apply a % or $ threshold test: • If the difference between applicant attestation and obtained data is less than % or $, then the HIX shall find accept applicant income attestation. • If the difference between the attestation and obtained data is greater than % or $ then the HIX shall require applicant explanation. • If the explanation is reasonable, the HIX shall accept applicant income attestation. • If the explanation is not reasonable, the HIX shall reconcile inconsistencies and require further information from the applicant (including documentation). • If the applicant submits satisfactory documentation, the HIX will accept acceptation • If the applicant does not submit satisfactory documentation within a reasonable period, the HIX shall determine the applicant ineligible for Medicaid/CHIP.			
Option 3: BR 3.8.8	**Income Verification RC Option 3:** If the applicant's attestation of income is below Medicaid/CHIP MAGI levels and the data obtained is above Medicaid/CHIP MAGI levels the HIX shall request an applicant explanation. • If explanation is reasonable, the HIX shall find accept applicant income attestation. • If the explanation is not reasonable, the HIX shall reconcile inconsistencies and require further applicant information (including documentation). • If the applicant submits satisfactory documentation, the HIX will accept acceptation. • If the applicant does not submit satisfactory documentation within a reasonable period, the HIX shall determine the applicant ineligible for Medicaid/CHIP.			
Option 4: BR 3.8.9	**Income Verification RC Option 3:** If the applicant's attestation of income is below Medicaid/CHIP MAGI levels and the data obtained is above Medicaid/CHIP MAGI levels the HIX shall require further information from the applicant (including documentation). • If the applicant submits satisfactory documentation, the HIX will accept acceptation. • If the applicant does not submit satisfactory documentation within a reasonable period, the HIX shall determine the applicant ineligible for Medicaid/CHIP.			
BR 3.9	For the purpose of PTC/CSR income verification, the HIX shall rely on IRS data to verify income attestation and family size.	45 CFR §155.320(c)(3)(ii)(B)		
BR 3.9.1	The HIX shall present to PTC/CSR applicants annual income and family size information, according to IRS data.			

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BR 3.9.2	The HIX shall require applicants to attest to whether IRS data is an accurate representation of their projected annual income and family size for the purposes of determining PTC/CSR eligibility.			
BR 3.9.3	The HIX shall accept the attestation if an applicant attests to an increase in projected income for the purposes of determining PTC/CSR eligibility.	45 CFR §155.320(c)		
BR 3.9.4	The HIX shall provide an alternate income verification process for the purposes of determining PTC/CSR eligibility to applicants who meet the following requirements: (i) no tax return data available for the last two years; (ii) family size has changed; (iii) there has been a change in circumstances related to income; (iv) tax filer's filing status has changed; (v) tax filer's family has applied for unemployment benefits.	45 CFR §155.320		
BR 3.9.5	For the purpose of PTC/CSR income verification, the HIX shall use current data sources to verify income for an applicant who attests to a decrease in income as compared to tax data or when tax data is unavailable and the applicant has met the alternate verification requirements.	45 CFR §155.320 (c)(3)(iv)		
BR 3.9.6	For the purpose of PTC/CSR income verification, the HIX shall accept applicant income attestation if the difference between the attestation and tax data is less than 10%.	45 CFR §155.320		
BR 3.9.7	For the purpose of PTC/CSR income verification, if the difference between the applicant's attestation and the tax data obtained is greater than 10%, the HIX shall attempt to verify income using current data sources.	45 CFR §155.320		
BR 3.9.8	For the purpose of Medicaid and PTC/CSR income verification, the HIX shall accept applicant income attestation if the difference between the attestation and current income data sources is less than 10%.			
BR 3.9.9	For the purpose of Medicaid and PTC/CSR income verification, if the difference between the applicant's attestation and the current data sources obtained is greater than 10%, the HIX shall reconcile inconsistencies.			
BR 3.9.10	The HIX shall attempt to reconcile discrepancies when attestation is not reasonably compatible with data verification by addressing typographical or other clerical errors.	45 CFR §155.315		
BR 3.9.11	The HIX shall attempt to reconcile discrepancies when attestation is not reasonably compatible, after addressing typographical or clerical errors, by requesting further information (including documentation).	45 CFR §155.315		
BR 3.9.12	The HIX shall apply a Special Circumstances exception to the requirement to submit documentation on a case by case basis.	45 CFR §155.315		
BR 3.10	The HIX shall verify eligibility for employer-sponsored coverage by accepting an applicant's attestation without further verification unless it is not reasonably compatible with other information provided by the applicant or in the records of the HIX.	45 CFR §155.320		
BR 3.10.1	The HIX shall request information relating to government sponsored minimum essential coverage (MEC) eligibility and enrollment from PARIS.	42 CFR §435.948		

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 3.11	The HIX shall verify Indian status using any electronic data sources approved by HHS or through alternative means.	45 CFR §155.350		
BR 3.12	The HIX shall accept attestation of date of birth unless such information is not reasonably compatible with other data.	42 CFR §435.956		
BR 3.13	The HIX shall promptly evaluate verification information obtained through third party sources including the federal data hub.	42 CFR §435.952		
BR 3.13.1	The HIX shall prepare the appropriate requests to the federal data service hub to verify applicant eligibility status.			
BR 3.14	The HIX shall allow for temporary enrollment in coverage pending resolution of verification issues.			
BR 3.15	The HIX shall secure attestation from temporary enrollees that they understand they may be required to pay back all or some of their advance premium tax credits.	45 CFR §155.320		
BR 3.16	The HIX shall periodically examine external data sources to determine if enrollees have become deceased or enrolled in other public coverage.	45 CFR §155.330		
BR 3.17	The HIX shall verify data at redetermination.	42 CFR §435.916 45 CFR §155.330		
BR 3.18	The HIX shall allow applicants to submit documentation to support attestation of eligibility information at application or redetermination.			
BR 3.18.1	The HIX shall communicate to the applicant and request additional documentation to support attestation or verification requests.			
BR 3.19	The HIX shall support applicant updates to eligibility information and update the account as new information is available.			
BR 3.19.1	The HIX shall pre-populate eligibility and verification requests with available information regarding the applicant and applicant household.			
Eligibility Determination				
BR 4	The HIX shall conduct eligibility determinations and redeterminations for QHPs and IAPs.[3]			
BR 4.1	The HIX shall employ a rules engine to determine eligibility for QHPs and Insurance Affordability Programs.			
BR 4.2	The HIX shall allow any member of a tax household to enroll in the HIX so long as one of the tax filers for the household meets the HIX residency standard.	45 CFR §435.403		
BR 4.3	The HIX shall determine whether an applicant is subject to five year bar and ineligible for Medicaid and eligible for APTC/CSR.	8 U.S.C. §1613(a) 45 CFR §155.305(f)(2)		
BR 4.4	The HIX shall determine PTC/CSR eligibility for applicants who are ineligible for Medicaid/CHIP.			
BR 4.5	The HIX shall determine an applicant ineligible for APTC/CSR if the HIX is unable to verify applicant income and tax data is unavailable.	45 CFR §155.320		

[3] Note Medicaid Regs Sect 431.10 Single State Agency: The plan must specify whether the entity that determines eligibility is an Exchange established under sections 1311(b)(1) or 1321(c)(1) of the ACA provided that if the Exchange is operated as a non-governmental entity as permitted under 45 CFR 155.110(c)[references required Governing Board structure for non-profit entity], or contracts with a private entity for eligibility services, as permitted under 1311(f)(3) of the ACA and 45 CFR 155.110(a), final determinations of eligibility are limited to determinations using MAGI-based methods as set forth in 435.603. Note also: May 16 FFE guidance issued by HHS which indicates that HHS will propose a regulation for further comment to consider amending the final rule noted above and seek further comment regarding ways States can ensure a coordinated system when engaging non-profits and private contractors in the process of making Medicaid eligibility evaluations, while having government agencies make eligibility determinations.

BR#	Requirement	Federal Requirement	State Requirement	Notes
		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 4.6	The HIX shall alert applicants that they can request a full Medicaid eligibility determination even if they do not appear eligible.	RSG 22 §155.345 RSG 23 §435.1200		
BR 4.7	The HIX shall transfer to the Medicaid Agency all collected and verified information for an applicant who requires evaluation for non-MAGI coverage.	42 CFR §435.1200		
BR 4.8	The HIX shall provide otherwise eligible applicants with an advance premium tax credit and cost-sharing reduction while their Non-MAGI Medicaid eligibility is being evaluated.	RSG 22 §155.345		
BR 4.9	The HIX shall evaluate eligibility for applicant mandate exemptions.			
BR 4.10	The HIX shall evaluate eligibility for retroactive Medicaid coverage.	42 CFR §435.915		
BR 4.10.1	The HIX shall evaluate eligibility for retroactive Medicaid coverage for newly eligible individuals. For newly eligible applications submitted in January, February and March 2014, retroactive Medicaid is effective January 1, 2014.			
BR 4.10.2	For all Medicaid applications submitted after March 1, 2014, retroactive Medicaid shall be effective three months prior to the date of application.	42 CFR §435.915		
BR 4.11	The HIX shall send notification/notices /reports of eligibility determinations to applicants, issuers, federal and state agencies, and employers.			
BR 4.12	The HIX shall notify issuers when an applicant is eligible for an advance premium tax credit or cost-sharing reduction.			
BR 4.13	The HIX shall transmit eligibility and enrollment information to HHS for applicants eligible for premium tax credit/cost-sharing reductions.	45 CFR §155.340		
BR 4.14	The HIX shall transmit to HHS the names and taxpayer ID numbers of users determined eligible for premium tax credits/cost-sharing reductions.	45 CFR §155.340		
BR 4.15	The HIX shall transmit eligibility and enrollment information to Medicaid/CHIP agency when applicants are determined eligible for Medicaid or MCHP.			
BR 4.16	The HIX shall send to Medicaid/CHIP agency an electronic account with all application information obtained by the Exchange for Medicaid/CHIP beneficiaries.	42 CFR §435.1200		
BR 4.17	The HIX shall allow the Rules Engine to identify the specific basis for the denial, in instances where eligibility is denied.			
BR 4.18	The HIX shall allow the applicants, caseworkers, agents and brokers, and Navigators to see the eligibility determination result and, if denied coverage, the basis for the denial.			
BR 4.19	The HIX shall allow the applicants to appeal adverse eligibility determinations.	45 CFR §155.355		
BR 4.20	The HIX shall allow applicants to acknowledge the eligibility determination.			
BR 4.21	The HIX shall conduct redeterminations for QHP enrollment, advance premium tax credits and cost-sharing reductions, and Medicaid/CHIP on at least but not more than an annual basis and when it receives and verifies new data indicating a relevant change in circumstances.	45 CFR §155.330 45 CFR §155.335 42 CFR §435.916		

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 4.22	The HIX shall conduct a redetermination in the middle of benefit year if it receives and verifies new information affecting an applicant's eligibility.	45 CFR §155.335		
BR 4.22.1	The HIX shall redetermine eligibility for Medicaid/ CHIP using available information without requesting data from enrollees unless it is necessary.	43 CFR §435.916		Requirement also applies to non-MAGIs.
BR 4.22.2	The HIX shall provide Medicaid/CHIP enrollees with an annual notice of redetermination, pre-populated with electronic data used for redetermination, if coverage cannot be determined using administrative renewal process, and require them to alert the HIX if any of the data are inaccurate.	42 CFR §435.916		State policy option to also extend pre-populated renewal form to non-MAGIs.
BR 4.22.3	The HIX shall provide Medicaid/CHIP enrollees who are found ineligible at redetermination based on existing data with a pre-populated form and at least 30 days to provide additional information through the same modes of transaction as application.	42 CFR §435.916		
BR 4.22.4	The HIX shall renew a case if the applicant contacts the HIX within 90 days of eligibility termination for failure to re-determine Medicaid/CHIP coverage.	42 CFR §435.916		
BR 4.23	The HIX shall evaluate eligibility for a premium tax credit/cost-sharing reduction if an applicant is found ineligible for Medicaid and CHIP at redetermination.	42 CFR §435.916		
BR 4.24	The HIX must secure applicant authorization to obtain updated tax information for the purposes of annual redetermination and may do so for a period of up to 5 years.	45 CFR §155.335		
BR 4.24.1	The HIX shall notify applicants who have not provided authorization for the HIX to obtain updated tax data that they are due for redetermination and may not be re-determined until authorization is provided.	45 CFR §155.335		
BR 4.25	The HIX shall gather updated data on income and family size from external sources for the purposes of IAP redeterminations.			
BR 4.25.1	The HIX shall combine the annual PTC/CSR redetermination notice with the annual open enrollment notice to provide a single coordinated notice to consumers for the first two years of HIX operations.	45 CFR §155.335		
BR 4.25.2	The HIX shall send a notice to PTC/CSR enrolled applicants with information on data used in the prior year and a projected eligibility determination.	45 CFR §155.335		
BR 4.25.3	The HIX shall require PTC/CSR enrollees to report any changes to their data within 30 days.	45 CFR §155.335		
BR 4.25.4	The HIX shall verify reported changes using the same rules that apply at the point of application.	45 CFR §155.335		
BR 4.25.5	The HIX shall re-determine eligibility based on the updated data.			
BR 4.25.6	The HIX shall re-determine eligibility based on projected eligibility information if the PTC/CSR applicant does not respond with changes to eligibility data.	45 CFR §155.335		
BR 4.26	The HIX shall ensure that an individual receiving PTCs who is determined eligible for government sponsored MEC (e.g. Medicaid) on redetermination is treated as eligible for government sponsored MEC no earlier than the first day of the first calendar month beginning after the approval (i.e. retroactive Medicaid coverage is not effectuated).	IRS 1.36B-3(c)(2)(iv)		

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		Source of requirement in federal statute or regulation	*Source of requirement in state law or regulation*	*State issues and considerations, e.g. where the state has flexibility*
BR 4.27	The HIX shall continue coverage in the same QHP unless the applicant terminates such coverage for applicants who remain eligible.	45 CFR §155.335		
BR 4.28	The HIX shall require applicants to report changes in their circumstances that affect their eligibility for Insurance Affordability Programs within 30 days.	45 CFR §155.315		
BR 4.29	The HIX shall periodically check available electronic data sources to identify death and enrollment in Medicaid or CHIP.			
BR 4.30	The HIX shall verify reported changes and conduct mid-year redeterminations as needed using the verification, notice and appeal procedures that apply at application.			
Eligibility Determination				
BR 5	The HIX shall verify income data for the purposes of assigning CHIP co-premiums as follows: • If the applicant's attestation and the data obtained are both below CHIP eligibility levels and the attestation is higher than the data obtained, the HIX shall assign a CHIP premium based on the attestation. • If the applicant's attestation and the data obtained are both below CHIP eligibility levels and the attestation is in the same premium band as the data obtained, the HIX shall assign a CHIP premium based on the attestation. • If the applicant's attestation and the data obtained are both below CHIP eligibility levels and the attestation is below the data obtained, the HIX shall assign the premium based on the data obtained and give the applicant an opportunity to submit documentation of income for a lower premium band.			State policy option. Medicaid Policy Decision: The state will maintain its current policies regarding premiums with regard to CHIP.