EMPLOYEE (EE) APPLICATION			
Recommendation	**Commenter**	**Response**	**Decision**
EE application does not provide key information needed to determine enrollment to assure proper rating (i.e. location, tobacco use, family size or individual policies, and eligible dependents).	AHIP	The online application already contains the referenced elements, but the paper application does not because CMS is designing the single streamlined application to be a dynamic online application that will tailor the amount of data required from an applicant based on the applicant's circumstances and responses to particular questions. The paper version of the application will not be able to be tailored in the same way and is being designed to collect only the data required to determine eligibility.	Deny
EE access to online application should be limited to verifying information entered on their behalf by the ER or their broker.	AHIP	Policy decision. The employee needs to verify information provided on the employer's roster but must also change incorrect information or provide additional information needed to facilitate enrollment.	Deny
New dependents should be added by ER or their broker (not EE).	AHIP	Policy decision. Employee will provide the information, but the employer will be notified.	Deny
When identifying ER Name, should also include ER address and main telephone number.	AHIP	These elements have been added to the paper application.	Accept
Include data element for EE's work address. Suggested language: "Tell us your work address, if different from the address above, or if you work from home."	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data element for EE to select preferred QHP within the metal level selected by ER. Suggested label: "QHP You Selected to Enroll In."	AHIP	This information is necessary to facilitate enrollment and is added to online application.	Accept
Add data element for effective date of coverage. Suggest putting on page 2 under Employer and Worksite location.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment. Information is already collected on employer application	Deny
Indicate whether application is 1. new enrollment, 2. change in enrollment, or 3. new dependent added to coverage.	AHIP	Through My Account, an employee can also indicate a change in enrollment or new dependent.	Accept
Add new section to collect dependent information including: relationship (and definition of accepted dependents); full names; gender and age; whether living at same address as EE, and if no - the address; SSN; telephone contacts including preferred contact number; email contacts; if covered under Medicare (if yes, their Medicare number); whether Active EE, Retiree, or COBRA enrollee (and date of qualifying event); whether American Indian or Alaskan Native (and name of Federally-recognized tribe); and race and ethnicity (Optional).	AHIP	The paper application is being designed to collect only the data required to determine eligibility. Additionally recommended language is either already collected in online application or by employer application	Deny
Include data element on number of hours per work EE works.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment. This issue is addressed on employer application.	Deny
Include data element on tobacco use for EE and each dependent to mirror the online application.	AHIP	The paper application is being designed to collect only the data required to determine eligibility. Additionally recommended language is either already collected in online application or by employer application	Deny
Map the source of data to be transmitted in the SHOP-generated 834 to confirm that the form is generating all of its data through the EE application and other sources.	BCBSA	To the extent feasible, application data maps to the 834.	Accept
Only ask for SSN once in application.	BCBSA	Where data have already been collected, they will prepopulate in the rest of the application.	Accept
Add additional categories to the "Other insurance coverage" question to include other types of coverage and an uninsured category. (Online application: Page 2, Part II, "Verify Eligibility" and Paper application: Page 3, Step 3, "Don't want SHOP coverage"). Getinsured wondering if current options is final list. (Does not propose adding or removing any options.)	BCBSA / Getinsured	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees.	Accept / Deny
Include question regarding whether the applicant intends to participate in a smoking cessation program.	BCBSA	This information is necessary to facilitate enrollment and is added to online application.	Accept
On page 4, Part III, under "Information about employee," include question around coordination of benefits that requests policy number of applicant's other coverage and the Medicare number for Medicare eligible applicants.	BCBSA	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees. The application will collect policy numbers	Accept
On page 5, Part IV, under "Dependents," include overage disabled children to the list because it is often required by state law.	BCBSA / USA	The recommended addition is captured through another selection on the list, "ward."	Deny
On page 5, Part IV, under "Dependents," include information on disability status for dependents.	BCBSA / USA	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny

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Include date of complete application	BCBSA	Already captured by IT system.	Deny
Include data element on employee subgroup (e.g. union/non-union, or exempt/nonexempt).	BCBSA	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data elements for dental plan whether it is offered. If offered as stand-alone on SHOP, application would need to allow EE to select dental plan from options made available by ER and have options to choose for EE only or for EE + dependents.	BCBSA	This information is necessary for facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include data element on vision plan.	BCBSA	Stand-alone vision plans are not qualified health plans and not authorized for SHOP.	Deny
Eliminate employee application other than at point of coverage enrollment.	NAHU	Policy decision. The SHOP will need to make an eligibility determination for each employee, and employees will need to engage with the SHOP through an application for that determination and to enroll.	Deny
Remove data element for county.	Getinsured	This information is not necessary for eligibility determination or facilitation of enrollment and is collected on employer application.	Accept
Remove data element asking for both EE home and mailing address. Only collect mailing address to ensure correct address for sending written communication.	Getinsured	A home address is needed for identity proofing, and a mailing address is needed for SHOP communications. If the mailing address is the same as the home address, a user will not need to fill out the information a second time.	Deny
Remove data element requesting for ethnicity and race.	Getinsured	This is an optional field.	Deny
Include data element for dependent information.	Getinsured	The paper version of the application cannot not be able to be tailored in the same way as the online application and is being designed to collect only the data required to determine EE eligibility.	Deny
Collect dependent information at time of enrollment.	Getinsured	This information is already being captured at time of enrollment for the online applicaiton.	Accept
Simplify current list of relationship types to include: spouse/partner and child.	Getinsured	The model application provides the full list of potential dependent options, but who a particular employee can add depends on state law.	Deny
Remove option to waive coverage. Do not include in application phase, but rather in open enrollment phase. If keep this option to waive coverage, include language stating that another opportunity to waive coverage will be offered later.	Getinsured	This information is necessary to determine an employers eligibility to participate in the SHOP, and employees are provided explanatory "help text" to assist in their decision making process.	Deny
Remove phone numbers (two) from application. Instead, collect it in the enrollment application.	Getinsured	There is one online application to determine eligibility and facilitate enrollment.	Deny
Leave estimated burden as is. However, if application is simplified according to recommendations, total time would be reduced.	Getinsured	Agree that the burden estimate is only an approximation and that individual time for completion will invariably vary.	Accept
Automatically populate information collected on online ER application regarding EE into the EE application.	Getinsured	This functionality is being built to the extent feasible.	Accept
Some comments were concerned that the estimated burdens were too low.	AARP / Statewide Patient Advocacy Group	We estimate that it will take approximately 0.209 hours (12.57 minutes) per applicant to submit a completed paper application and approximately 0.113 hours (6.77 minutes) per applicant to submit a completed online application. Assuming a small business size of approximately 5 employees and a family size of approximately 3 per employee, we had several individuals fill out the paper application, averaged their times to complete the application, and factored in additional time due to potential variation in applicants' health literacy rate. Based on ASPE analysis of 2011 Current Population Survey data, the average family size (restricted to individuals under the age of 65) with income above 400% Federal Poverty Level is 3.16. Additionally, the burden estimate is for the completion of the application and does not include shopping and comparing plans.	Deny
Applications should collect comprehensive demographic info, (including sexual orientation and gender identity)	Consumer Advocacy Organization	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees. Basic demographic information has been included and is optional.	Deny
Recommend category of "other" under Step #3, asks employees if they want to waive coverage thru SHOP, and if they have health insurance. List of alternatives of common sources is not "all inclusive". The answers available do not take into consideration COBRA, certification of "handicapped", temporary Medicare/Medicaid, or waivers/split applications	AARP / Statewide Patient Advocacy Group	Collection of the proposed data elements along with other already collected information would be redundant. The recommended information is already collected as categories within the existing options.	Deny

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Recommend applicants be afforded the opportunity to verify the accuracy of information once it has been entered into the system. Since application process is "hybrid" (paper and electronic), if paper submission is input electronically, there is no "check and balance" to ensure data entry of information is accurate.	AARP	An applicant will have the ability to view and verify information submitted through the paper application once he or she begins the online enrollment portion.	Accept
Provide the alternative for the creation of an "on-line" account.	Maryland Citizen's Health Initiative	An identity proofed account is necessary for an individual so submit an online application. However, an individual will first be able to create a "lite My Account." This account is meant to provide individuals with a quick and easy way to establish a relationship with the Marketplace where individuals will be able to access or update their contact information, communication preferences, notices, and browse and compare plans in a secure environment. When an individual elects to start an application, they will be asked for additional information after which their account will be transitioned to a regular account.	Deny
Dropdown box online for employment status is not consistent with SHOP employer paper application	NPAIHB, TSGAC, NIHB, ANTHC	This information is not necessary for eligibility determination on the paper application. This information will be collected in the online experience	Deny
All questions regarding American Indian and Alaska Native be phrased consistently with the individual exchange. Furthermore we ask for a dropdown menu listing all the tribes	NPAIHB, TSGAC, NIHB, ANTHC	To the extent SHOP and individual market language can be consistent it will.	Accept
Tobacco question should follow a non AI/AN specific question.	NPAIHB, TSGAC, NIHB, ANTHC	Tobacco question in the flow is moved.	Accept
Provide space on applications forms for names and contact information of brokers and agents that have assisted with the application	Association for Community Affiliated Plans, NAHU, AHIP, BCBSA	The online application collects the recommended information, but the paper application will not. Agents and brokers must apply online	Accept / Deny