

# BLUEPRINT FOR APPROVAL OF STATE-BASED HEALTH INSURANCE EXCHANGES

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## Coverage Years Beginning on or after 2019



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# SECTION I: OVERVIEW OF BLUEPRINT APPLICATION AND APPROVAL REQUIREMENTS

## Introduction

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The Patient Protection and Affordable Care Act (PPACA) establishes Health Benefit Exchanges to provide individuals and small business employees access to health insurance coverage beginning January 1, 2014. An Exchange is an entity that both facilitates the purchase of qualified health plans (QHP) by qualified individuals and provides for the establishment of a Small Business Health Options Program (SHOP), consistent with PPACA Section 1311(b) and 45 CFR 155.100.

The PPACA and its implementing regulations provide states with flexibility in the design and operation of their Exchanges to ensure states are implementing sustainable Exchanges that best meet the needs of its population. States can choose to establish and operate a State-based Exchange (SBE) or a State-based Exchange on the Federal Platform (SBE-FP). States electing to operate as an SBE-FP rely on the Federal Healthcare.gov platform to carry out eligibility and enrollment functions, along with associated eligibility and enrollment support functions, such as call center operations for consumer eligibility support and casework support. For states that do not elect to operate either an SBE or SBE-FP, the Secretary of the U.S. Department of Health and Human Services (HHS) will establish and operate a Federally-facilitated Exchange (FFE) in those states. FFE states may also elect the option to perform certain Plan Management functions for their individual and SHOP market.

Pursuant to 45 CFR 155.105, FFE states that seek to operate an SBE or SBE-FP must complete and submit an Exchange Blueprint Application. The Blueprint Application documents that an Exchange will meet the legal and operational requirements associated with the Exchange model a state chooses to pursue. As part of its Blueprint submission, a state will also agree to demonstrating operational readiness to implement and execute the required Exchange activities described in the Blueprint.

This document includes the Blueprint application for states seeking approval to operate either an SBE or SBE-FP for coverage years beginning on, or after, January 1, 2019, and includes the following application components:

- Declaration of Intent Letter (Section II)
- Blueprint Application (Section III)
  - Part A: Application Attestation
  - Part B: Exchange Declarations
  - Parts C or D: SBE or SBE-FP Application

SBEs or SBE-FPs that already have a conditionally-approved Blueprint and wish to transition to an SBE-FP or SBE, respectively, must submit an updated Declaration of Intent letter, and submit an update to their Blueprint Application within the timelines described in 45 CFR 155.106. An SBE transitioning to an SBE-FP should refer to the SBE-FP Blueprint Application and the Appendix in this document, along with the guidance in CMS' SBE to SBE-FP Transition Tool, when updating their Blueprint Application. An SBE-FP transitioning to an SBE should refer to the SBE Blueprint Application in this document when updating their Blueprint Application.

See Figure 1 below for an illustrative representation of the Exchange models, the flexibility within each, as well as the associated HHS approval requirements.

**Figure 1. State Exchange Model Options and Blueprint Application Requirements for Coverage Years Beginning On, or After, January 1, 2019**

State-based Exchange (SBE)	State-based Exchange on the Federal Platform (SBE-FP)	Federally-facilitated Exchange (FFE)
<p>State performs all Exchange functions.</p> <p>State may rely on HHS for the following functions:</p> <ul style="list-style-type: none"> <li>Exemptions processing (45 CFR 155 subpart G)</li> <li>Risk adjustment (45 CFR 153 subpart D)</li> <li>Employer appeal upon notice of employee's receipt of APTC/CSR (45 CFR 155.555)</li> </ul>	<p>State performs the following Exchange functions:</p> <ul style="list-style-type: none"> <li>Plan Management</li> <li>Consumer Assistance</li> <li>SHOP</li> </ul> <p>State relies on HHS for the following functions:</p> <ul style="list-style-type: none"> <li>Eligibility and enrollment functions (Individual Market)</li> <li>Related eligibility support functions, such as consumer call center and consumer casework (Individual Market)</li> </ul>	<p>HHS performs all Exchange functions.</p> <p>State may elect to perform certain Plan Management functions<sup>1</sup>.</p> <p>State elects whether the FFE will perform Medicaid and Children's Health Insurance Program (CHIP) assessments or determinations. (Notification is through CMS' Center for Medicaid and CHIP Services (CMCS)).</p>
<p><i>State Must Submit:</i></p> <ul style="list-style-type: none"> <li>Declaration of Intent Letter</li> <li>Completed SBE Blueprint Application at least 15 months prior to the beginning of an SBE's first open enrollment<sup>2</sup></li> </ul>	<p><i>State Must Submit:</i></p> <ul style="list-style-type: none"> <li>Declaration of Intent Letter</li> <li>Completed SBE-FP Blueprint Application at least 3 months prior to the beginning of an SBE-FP's first open enrollment<sup>3</sup></li> <li>Executed Federal Platform Agreement with CMS prior to the beginning of an SBE-FP's first open enrollment<sup>4</sup></li> </ul>	<p><i>Not applicable.</i></p> <p>However, SBEs or SBE-FPs that wish to transition to the FFE should notify CMS in accordance with timelines in 45 CFR 155.106(b).</p>

<sup>1</sup> Coordinate with the Center for Consumer Information and Insurance Oversight via the FFE Plan Management State Coordination (PMSC) mailbox at [PlanManagementStateCoordination@cms.hhs.gov](mailto:PlanManagementStateCoordination@cms.hhs.gov).

<sup>2</sup> 45 CFR 155.106(a)(3)

<sup>3</sup> 45 CFR 155.106(c)(2)

<sup>4</sup> 45 CFR 155.106(c)(4)

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## **Blueprint Application Review and Approval Process**

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Upon a state's submission of its Declaration of Intent Letter, the Centers for Medicare & Medicaid Services' (CMS) will engage the state and provide technical assistance on the completion of the state's Blueprint Application, if not already submitted, and the process toward approval or conditional approval. HHS recognizes that states also depend on HHS, other Federal agencies, and contractors for guidance associated with their Exchange establishment. In consideration of this dependency, HHS' approval of SBEs and SBE-FPs will take into account that states will be in various stages of development when the Blueprint Applications are submitted to HHS. As a result, HHS will grant conditional approval for an SBE or SBE-FP that does not meet all applicable Exchange requirements at the time of Blueprint submission, but that has: 1) attested to meeting all applicable requirements in the Blueprint; 2) is making significant progress toward meeting the requirements with projected dates of completion, and; 3) is anticipated to be operationally ready for the applicable open enrollment period.

Once a state has been conditionally approved, CMS will work closely with each Exchange to monitor state progress and ensure that proposed dates of completion for Blueprint activities and other project milestones are met in accordance with the state's projected completion dates.

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## **Monitoring of State Progress and Readiness Reviews**

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CMS will utilize regular calls with the state in addition to implementation and/or operational readiness reviews to monitor and provide guidance to states on their Exchange information technology (IT) system build and implementation of programmatic requirements as defined in the Exchange Blueprint. Operational readiness entails HHS' and its Federal agency partners' assessment of the capacity of an Exchange to conduct Exchange business. The objective of these assessments is to assure that an Exchange's policies, procedures, operations, technology, and other administrative capacities have been implemented and scaled to meet the needs of the State's Exchange's population. HHS will use the information in a State's Exchange Blueprint Application to determine the need for, and timing of, in-person or virtual periodic readiness assessments.

Additionally, as part of the implementation or operational reviews, CMS may require that the state provide testing results or supplemental documentation demonstrating progress towards meeting the Exchange Blueprint requirements leading up to the start of its first open enrollment as an Exchange. Requests for documentation and information system testing results may occur as part of the readiness reviews or other consults as requested by CMS. Additionally, CMS may require formal testing between the state's IT system and the CMS Federal Data Services Hub (FDSH) to ensure connectivity, correct data exchange formats and values, correct interpretation of responses from the FDSH by the state, and ensure correct information is transmitted and captured. CMS will provide guidance and documentation to assist states with testing the automated functionality of their Exchanges and reporting results to CMS.

An Exchange's conditional approval status will continue as long as a state continues to meet expected progress milestones and until a state successfully demonstrates its ability to perform all required Exchange activities and comply with all applicable Federal guidance and regulations. Provided that the state is continuing to demonstrate progress in meeting the requirements outlined in its conditional approval determination, a state Exchange will maintain conditional approval status. HHS will approve an SBE or SBE-FP once the state has demonstrated the ability to satisfactorily perform all required Exchange activities, and comply with all Federal program rules and requirements applicable to the Exchange model they are conditionally-approved to operate.

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## **Questions Regarding the Exchange Blueprint and Technical Assistance**

SBE and SBE-FP states with an assigned CMS CCIO State Officer should contact him or her for specific questions regarding Exchange Blueprint application submissions. All other states are encouraged to contact CCIO's State Marketplace and Insurance Programs Group (SMIPG) at [SBMOversight@cms.hhs.gov](mailto:SBMOversight@cms.hhs.gov) for information about technical assistance consultations, and resources available to states on the Exchange Blueprint process.

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## **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1172. The time required to complete this information collection is estimated to average (31.5 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4- 26-05, Baltimore, Maryland 21244-1850.

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## SECTION II: DECLARATION OF INTENT LETTER

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A state seeking to operate an SBE or SBE-FP for coverage years beginning on, or after, January 1, 2019 will declare the type of Exchange model it intends to pursue through an Exchange Declaration of Intent Letter to be submitted to HHS in advance of, or by the time of, the submission of an Exchange Blueprint Application. As previously noted, states that already have a conditionally-approved Blueprint who wish to transition to an SBE or SBE-FP should submit an update to their Exchange Declaration Letter in advance of, or by the time of, the submission of their updated Exchange Blueprint Application.

A state's Declaration of Intent Letter must be signed by the state's governor. As described below, the Declaration of Intent Letter's contents should include basic information associated with its designated Exchange model. The Declaration of Intent Letter should include a designation of the individual(s) (i.e., Designee(s) who will serve as the primary point of contact for HHS regarding the Exchange). The individual(s) should be authorized to bind the state regarding the state's Exchange, as well as to complete and sign the Exchange Blueprint Application. In the case of an SBE or SBE-FP, this should be the individual(s) authorized to attest to the state's intent to meet the requirements in the Exchange Blueprint Application.

States are encouraged to submit their Exchange Declaration of Intent Letter as early as possible. CMS has generally recommended that states submit this letter no later than 21 months prior to the beginning of an SBE's first open enrollment and no later than 9 months prior to the beginning of an SBE-FP's first open enrollment. However, these timeframes are meant to be general guidelines based on CMS' experience with the length of time needed for states to transition Exchange operational models and information technology platforms. States are recommended to consult with CMS CCIIO for further guidance as needed. A state's Declaration of Intent Letters should be sent to:

CMS CCIIO  
200 Independence Avenue SW, Suite 739H  
Washington DC, 20201.

In addition, please email a copy to the [SBMOversight@cms.hhs.gov](mailto:SBMOversight@cms.hhs.gov). To support HHS' goal of public transparency, states must post their Declaration of Intent Letter to the state (or other appropriate) website.

### Contents of Declaration of Intent Letter

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A state's Declaration of Intent Letter must include the following contents:

- The Exchange model that the state chooses to pursue (SBE or SBE-FP).
- Confirmation of the plan year for which the state intends to begin operating an SBE or SBE-FP (i.e., plan year 2019 or a subsequent plan year).
- Designation of the individual(s) (i.e., Designee(s)) authorized to act as primary point(s) of contact and authorized to bind the state with HHS regarding the state's Exchange, as well as to complete and sign the Blueprint Application.
- Acknowledgement that HHS and the state may agree to amend their Declaration of Intent Letter to include additional information necessary to establish their Exchange.



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## SECTION III: APPLICATION FOR APPROVAL OF STATE BASED HEALTH INSURANCE EXCHANGES

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### Application Instructions

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HHS requires that states seeking approval to operate an SBE or SBE-FP for coverage years beginning on, or after, January 1, 2019 must complete and submit an Exchange Blueprint Application. States that already have a conditionally-approved Blueprint who are seeking to transition to a different Exchange model (either an SBE or SBE-FP) must submit an update to their Exchange Blueprint Application for approval.

The Blueprint Application documents that a state's Exchange has met, or will meet, all legal and operational requirements associated with the Exchange model that the state intends to operate. Specifically, a state must attest to the current ability of its Exchange to meet specified requirements or to its intention for completion of the specified requirements by a future date. As part of its Exchange Blueprint submission, a state will also agree to demonstrating operational readiness to execute Exchange activities. States may attest to activities being completed by the Exchange or a designee through contract, agreement, or other arrangement. However, the Exchange is ultimately responsible for meeting all applicable Federal requirements outlined in the Blueprint and for the successful performance of each activity. HHS considers the Blueprint as an agreement that exists solely between the state and CMS. HHS encourages states to reach to CMS' CCIIO's State Marketplace and Insurance Programs Group (SMIPG) at SBMOversight@cms.hhs.gov for clarification on any activities that direct states to consult HHS guidance and or regulations that provide more detailed information about the applicability of certain Exchange functional requirements to specific Exchange models.

Per regulations at 45 CFR 155.106, states seeking to operate an SBE must submit their Exchange Blueprint application (or updated Blueprint) to HHS at least 15 months prior to the beginning of an SBE's first open enrollment. States seeking to operate an SBE-FP must submit their Exchange Blueprint application (or updated Blueprint) to HHS at least 3 months prior to the beginning of an SBE-FP's first open enrollment.

The Exchange Blueprint Application will be electronically available for States to complete and submit through CMS' CCIIO's SERVIS system (<https://portal.cms.gov>). To gain access to SERVIS and be able to complete and submit the Exchange Blueprint Application a state without an assigned CMS CCIIO State Officer would need to send an email request to SBMOversight@cms.hhs.gov with subject line: Exchange Blueprint Application Notification. States with an assigned CMS CCIIO State Officer (SO) will work closely with their SO to complete and submit an update to their Exchange Blueprint Application.

The Blueprint Application includes the following components. States seeking approval to operate an SBE or SBE-FP for coverage years beginning on, or after, January 1, 2019 must complete and submit Part A and Part B. States complete Part C or Part D, depending on its Exchange model.

**Part A. Application Attestation:** The individual(s) designated in a state's Declaration of Intent Letter (the Designee(s)) must attest, on behalf of the state, to the accuracy of the information submitted for the entire Blueprint submission.

**Part B. Exchange Declarations:** The applicant must provide an overview of key Exchange options within the model the state has chosen to operate.

**Part C. State-based Exchange Blueprint Application:** States seeking to be State-based Exchanges must



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attest to either completion or expected completion of required activities.

Part D. State-based Exchange on the Federal Platform Blueprint Application: States seeking to be State-based Exchanges on the Federal Platform must attest to either completion or expected completion of required activities.

## PART A. APPLICATION ATTESTATION

**ON THIS DATE**, I ATTEST THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS EXCHANGE BLUEPRINT AND DOCUMENTS SUBMITTED IN CONJUNCTION WITH THIS EXCHANGE BLUEPRINT ACCURATELY REPRESENT THE STATUS OF MY STATE'S INSURANCE EXCHANGE BEING DEVELOPED UNDER TITLE I OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 (Pub. L. 111-148), AS AMENDED BY THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (Pub. L. 111-152), AND REFERRED TO COLLECTIVELY AS THE AFFORDABLE CARE ACT; AND REGULATIONS AT 45 CFR PARTS 153, 155, AND 156.

State:

\_\_\_\_\_  
(Name of State)

\_\_\_\_\_  
(Signature of Governor Designee of the State, Date Signed)

**FUTURE REVIEWS FOR FUNCTIONALITY OR COMPLIANCE:** The Exchange agrees to participate in implementation and operational readiness reviews prior to opening as an Exchange as requested by CMS. As part of these reviews, CMS may request the Exchange to provide testing results or other documentation demonstrating Exchange's ability to comply with regulations in 45 CFR 155.

**Agree:**  **Do not agree:**

### DESIGNATED EXCHANGE OFFICIAL(S) CONTACT INFORMATION THAT IS COMPLETING THE EXCHANGE BLUEPRINT APPLICATION & ATTESTATION:

NAME:  
TELEPHONE:  
EMAIL ADDRESS:

NAME:  
TELEPHONE:  
EMAIL ADDRESS:

## PART B. EXCHANGE DECLARATIONS

**1. STATE(S) NAME:**

**2. STATE EXCHANGE MODEL AND PLAN YEAR: (Indicate which model your state is applying for, as well as the plan year state intends to begin operations of the model)**

SBE                                       Plan Year  
 SBE-FP                                     Plan Year  
 Regional Exchange                     Plan Year

(Please note that in addition to meeting the requirements described in the Blueprint Application, states seeking approval to operate a Regional Exchange must also meet the requirements under 45 CFR 155.140)

**3. DECLARATION of INTENT LETTER: (Confirm whether your state has submitted its Declaration of Intent Letter or if it is included with the Exchange Blueprint Application)**

Declaration of Intent Letter submitted  
 Declaration of Intent Letter submitted with this Exchange Blueprint Application

**4. If you are pursuing an SBE, indicate if you will be relying on HHS for any of the following Exchange functions: (check all that apply)**

Risk adjustment (45 CFR 153 Subpart D)  
 Exemptions (45 CFR 155 Subpart G)  
 Employer coverage appeals (45 CFR 155.555)

**5. GOVERNANCE STRUCTURE: (check one)**

State agency  
 Quasi-governmental entity  
 Nonprofit  
 Other

## PART C. STATE-BASED EXCHANGE BLUEPRINT APPLICATION

### 1.0 Legal Authority and Governance

<b>1.1</b>	<b>Exchange Enabling Authority:</b> The Exchange will have the appropriate authority to operate an SBE, including a Small Business Health Options Program (SHOP), compliant with Affordable Care Act Section 1321(b) and applicable rulemaking.		
Provide citation and URL of Exchange-enabling authority:			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>1.2</b>	<b>Authority to Certify Qualified Health Plans (QHPs):</b> The Exchange will have the appropriate state authority to perform the certification of QHPs and to oversee QHP issuers consistent with 45 CFR 155.1010(a), in coordination with the appropriate state insurance oversight entity.		
Provide citation and URL of Exchange authority to certify QHPs:			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>1.3</b>	<b>(If applicable) Risk Adjustment:</b> If the Exchange opts to perform risk adjustment, the state will have the legal authority to operate the risk adjustment program per 45 CFR 153 and Affordable Care Act 1343.		
Provide citation and URL of authority to operate risk adjustment:			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a> N/A <input type="checkbox"/>
<b>1.4</b>	<b>Authority to Generate Revenue:</b> The Exchange will have the appropriate authority to generate revenue to ensure operational sustainability, and will have defined methods for generating revenue (e.g., user fees) pursuant to ACA Section 1311(d)(5)(A).		
Provide citation and URL of Exchange authority to generate revenue:			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>1.5</b>	<b>Board and Governance Structure:</b> The Exchange will establish a board and governance structure in compliance with ACA Section 1311(d) and 45 CFR 155.110.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 2.0 Consumer Assistance Tools and Programs

<b>2.1</b>	<b>Stakeholder Consultation:</b> The Exchange will conduct stakeholder consultation to seek input for the duration of Exchange planning and operation pursuant to 45 CFR 155.130. This includes consultation with consumers, small businesses, state Medicaid and CHIP agencies, agents/brokers, large employers, if applicable, Federally-recognized Tribes, as defined in the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a and other relevant stakeholders.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>2.2</b>	<b>Call Center</b>		
	<b>a.</b> The Exchange will establish and operate a toll-free call center which will provide eligibility and enrollment support and will respond to any requests for assistance from consumers pursuant to 45 CFR 155.205(a).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange call center will provide information to consumers in a manner that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, including providing and informing consumers about the availability of auxiliary aids and services, and oral interpretation at no cost to the consumer, in accordance to HHS regulations and guidance pursuant to 45 CFR 155.205(c)(1), (c)(2)(i), and (c)(3).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>2.3</b>	<b>Website</b>		
	<b>a.</b> The Exchange will establish and maintain an up-to-date internet website in accordance with 45 CFR 155.205 (b).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange website will supply comparative information on available QHPs, which may be provided through consumer-facing plan comparison and shopping tools, and will include information on premium and cost sharing, benefits and coverage, metal categories, and all other requirements in accordance with 45 CFR 155.205(b)(1).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

<p><b>c.</b> The Exchange website will publish financial information including, the average costs of licensing required by the Exchange, any regulatory fees required by the Exchange, monies lost to waste, fraud and abuse, and all other requirements in accordance with 45 CFR 155.205(b)(2).</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>
<p><b>d.</b> The Exchange website will provide consumers with information about Navigators as described in 45 CFR 155.210 and other consumer assistance services, including the toll-free telephone number of the Exchange call center in accordance with 45 CFR 155.205(b)(3).</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>
<p><b>e.</b> The Exchange website will allow for eligibility determinations to be made in accordance with 45 CFR 155 Subpart D pursuant to 45 CFR 155.205(b)(4).</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>
<p><b>f.</b> The Exchange website will allow for qualified individuals to select a QHP in accordance with 45 CFR 155 Subpart E pursuant to 45 CFR 155.205(b)(5).</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>
<p><b>g.</b> The Exchange website will make available by electronic means, a calculator to facilitate the comparison of available QHPs after the application of any advance payments of the premium tax credit and any cost-sharing reductions pursuant to 45 CFR 155.205(b)(6).</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>
<p><b>h.</b> The Exchange website will meet accessibility standards including providing information to consumers in plain language, and in a manner, that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, in accordance with HHS regulations and guidance pursuant to 45 CFR 155.205(c). The Exchange website will inform individuals about the availability of auxiliary aids and services for people with disabilities, language services at no cost to the individual, oral interpretation, written translations, and will provide taglines in non-English languages indicating the availability of language services.</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>

<b>2.4</b>	<b>Outreach and Education</b>		
<p><b>a.</b> The Exchange will coordinate and conduct outreach and education activities to educate consumers about the Exchange and insurance affordability programs, and to encourage consumer participation in the Exchange as specified in 45 CFR 155.205(e). These activities could include, for example, informational marketing materials, advertisements, community outreach events, or other outreach and education activities that the Exchange determines suitable for its consumers.</p>			
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<p><b>b.</b> The Exchange outreach and education information will meet accessibility standards including providing information to consumers in plain language, and in a manner, that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, in accordance with HHS regulations and guidance pursuant to 45 CFR 155.205(c). The Exchange outreach and education information will inform individuals about the availability of auxiliary aids and services for people with disabilities, language services at no cost to the individual, oral interpretation, written translations, and will provide taglines in non-English languages indicating the availability of language services.</p>			
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>2.5</b>	<p><b>Consumer Assistance:</b> The Exchange will implement consumer assistance functions in accordance with 45 CFR 155.205(d) including providing referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.</p>		
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>Navigator Program</b>			
<p><b>a.</b> The Exchange will establish, fund and operate a Navigator program through which it will award grants to eligible entities or individuals capable of carrying out Navigator duties as required under 45 CFR 155.210.</p>			
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>



<p><b>b.</b> The Exchange will develop and publicly disseminate a set of standards to be met by Navigator grantees designed to prevent or minimize potential conflicts of interest that may exist for entities or individuals to be awarded grants in accordance with 45 CFR 155.210(b)(1).</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	
<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>			
<p><b>c.</b> The Exchange will develop and publicly disseminate a set of training standards to be met by Navigator grantees that will ensure expertise concerning topics such as QHP options, insurance affordability programs, eligibility and enrollment rules and regulations, privacy and security standards, and all other requirements in accordance with 45 CFR 155.210(b)(2).</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	
<p>Completed/Expected Completion Date</p>			
<p><b>d.</b> The Exchange will enter into agreements pursuant to 45 CFR 155.260(b) with Navigator grantees to ensure adherence to all terms and conditions of privacy and security standards.</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	
<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>			
<p><b>2.7</b> <b>(If applicable) Non-Navigator Assistance Personnel:</b> If the Exchange opts to have a non-Navigator assistance personnel program, the Exchange will maintain full responsibility for program operations, as well as for selecting and ensuring the proper training of all non-Navigator assistance personnel in the SBE-FP. Specifically, the SBE-FP will develop and implement a training program for non-Navigator assistance personnel and ensure they comply with all applicable regulatory requirements, including 45 CFR 155.205(d)-(e), 45 CFR 155.215, and 45 CFR 155.260(b).</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	
<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>		<p>N/A <input type="checkbox"/></p>	
<p><b>2.8</b> <b>Certified Application Counselors (CACs)</b></p>			
<p><b>a.</b> The Exchange will establish a CAC program pursuant to 45 CFR 155.225 and will either, designate an organization to certify CACs to perform specified duties, will directly certify CACs to perform specified duties, or will implement a combination of both these approaches in establishing their CAC program.</p>			
<p>I attest this activity is complete <input type="checkbox"/></p>		<p>I attest this activity will be complete <input type="checkbox"/></p>	
<p>Completed/Expected Completion Date <a href="#">Click here to enter a date.</a></p>			
<p><b>b.</b> The Exchange will ensure, either directly, or through designated organizations, that CACs complete required state-specific training(s) on topics including QHP options, insurance affordability programs, eligibility and enrollment rules and all other applicable regulatory requirements.</p>			

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#)

**c.** The Exchange will ensure CACs adherence to all terms and conditions of privacy and security standards pursuant to 45 CFR 155.260(b).

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#)

**2.9 (If applicable) Agents and Brokers:** A state may permit agents and brokers to assist consumers to enroll in QHPs pursuant to 45 CFR 155.220.

**a.** The Exchange will clearly define the role of agents and brokers including, as applicable, evidence of licensure, training, and compliance with regulatory requirements under 45 CFR 155.220.

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#) N/A

**b.** The Exchange will have an agreement in place with agents and brokers operating in the individual Exchange consistent with 45 CFR 155.220(d). The agreement will ensure agent and broker compliance with regulatory requirements including, advanced registration with the Exchange, completed training on QHP options and insurance affordability program(s), and adherence to privacy and security standards pursuant to 45 CFR 155.260.

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#)

**2.10 (If applicable) Web Brokers:** If the state permits agents and brokers to enroll consumers in QHPs, and assist consumers in applying for insurance affordability programs pursuant to 45 CFR 155.220(c)(3), the Exchange will ensure that any agent or broker whose website will be used to select QHPs will comply with all applicable provisions of 45 CFR 155.220.

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#) N/A

### 3.0 Eligibility and Enrollment



<b>3.1</b>	<b>Single, Streamlined Application:</b> The Exchange will use the HHS-developed single, streamlined application (or state-developed alternative single, streamlined application) for health insurance coverage. The application collects information that is necessary for eligibility in a QHP for the individual market, and for Insurance Affordability Programs as specified in 45 CFR 155.405 and in applicable CMS guidance. If the Exchange is using an alternative application for the individual Marketplace, the Exchange agrees to perform state user testing and submit results, upon request, to CMS.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
Individual application (check one): Alternative <input type="checkbox"/> HHS-developed <input type="checkbox"/>			
<b>3.2</b>	<b>Coordination Strategy with Insurance Affordability Programs and SHOP</b>		
	<b>a.</b> The Marketplace will develop and document a coordination strategy with other entities administering insurance affordability programs and the SHOP that enables the Marketplace to carry out eligibility and enrollment activities, consistent with 45 CFR 155.345(a),155.510(a) and 155.705(c).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will have the capability to accept and process applications for individual Exchange coverage that have been collected by, and transferred from, its respective state Medicaid agency or state human services agency that processes insurance affordability program applications, and will also have the capability to collect and transmit information to the applicable state agencies necessary to provide coverage to an applicant determined or assessed eligible for Medicaid and CHIP without undue delay, in accordance with 45 CFR 155.345(a).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>3.3</b>	<b>Accepting and Processing Initial Applications and Redeterminations:</b> The Exchange will have the capability in place to accept and process initial applications, application updates, notification of changed circumstances, and annual and mid-year redeterminations for enrollees. This includes applicants and enrollees who have disabilities or limited English proficiency or literacy, as well as applications received through all required channels, including in-person, online, mail, and phone.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>3.4</b>	<b>Eligibility Verifications</b>		
	<b>a.</b> The Exchange will have a process to verify applicant data, as part of the eligibility determination process pursuant to 45 CFR 155, Subpart D. This includes verification of Social Security Number (SSN), Household Income and Family Size, Citizenship, Immigration status, Residency, American Indian/Alaskan Native Status, Incarceration status, Employer Sponsored Minimum Essential Coverage, Non-Employer Sponsored Minimum Essential Coverage.		

	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<p><b>b.</b> To the extent required under 45 CFR 155, Subpart D, the Exchange will use electronic data sources available through the Federal Data Services Hub (FDSH), known as the Federal Hub, and/or other HHS-approved data sources, to verify applicant data. The Exchange will have data matching agreements in place (such as the Computer Matching Agreement between CMS and State Administering Entities) and will complete necessary testing to connect to electronic data sources, including the Federal Hub, to perform the required eligibility verifications.</p>			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<p><b>c.</b> The Exchange will have the capability to process inconsistencies in accordance with 45 CFR 155, Subpart D, when the Exchange cannot verify information required to determine eligibility for enrollment in a QHP through the Exchange, advance payments of the premium tax credit and cost-sharing reductions.</p>			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>3.5</b>	<p><b>Conducting Periodic Data Matching:</b> The Exchange will have the capability to conduct periodic data matching pursuant to 45 CFR 155 Subpart D.</p>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>3.6</b>	<p><b>Conducting Eligibility Determinations and Annual Redeterminations:</b> The Exchange will have the capability to conduct eligibility determinations for the individual market and SHOP, along with individual annual redeterminations, in accordance with 45 CFR 155, Subpart D.</p>		
<p><b>a.</b> The Exchange will determine individual eligibility for QHP coverage.</p>			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<p><b>b.</b> The Exchange will determine employer and employee eligibility for participation in the SHOP.</p>			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<p><b>c.</b> The Exchange will assess or determine eligibility for Medicaid and CHIP based on Modified Adjusted Gross Income (MAGI) and notify the applicant of the opportunity to request a full determination of eligibility from the Medicaid agency.</p>			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

**d.** The Exchange will determine eligibility for APTC and CSR and will be able to calculate and apply individual APTC amounts to QHP premiums for APTC-eligible individuals based on the maximum APTC level an individual is eligible for, the premium(s) of the QHP(s) selected by the individual, and the APTC level selected by the individual to apply to their QHP premium.

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#)

**e.** The Exchange will determine eligibility for exemptions from the shared responsibility payments or has elected to use the HHS service for this function.

Check here if the Exchange plans to use the HHS service for this function:

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#)

**f.** The individual Exchange will have the capability to conduct annual redeterminations through all channels pursuant to 45 CFR Part 155 Subpart D.

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#)

**3.7 Enrollment Transactions and APTC/CSR Information Processing:** The Exchange will have the capability to process individual market QHP enrollment transactions and report and reconcile those transactions, as well as APTC/CSR information in coordination with issuers and HHS in accordance with 45 CFR 155.400, 155.430, and 155.720 and relevant HHS guidance.

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#)

**3.8 Eligibility Appeals for Individuals, Employers, and SHOP**

**a.** The Exchange will operate an eligibility appeals process for individual consumers pursuant to 45 CFR 155 Subpart F, which includes applicants for the Medicaid and CHIP programs.

I attest this activity is complete

I attest this activity will be complete

Completed/Expected Completion Date [Click here to enter a date.](#)

(Check one): The Exchange will  OR  will not delegate authority from the Medicaid and/or CHIP agency to operate an individual eligibility appeals process for Medicaid and/or CHIP eligibility appeals.

**b.** The Exchange will determine whether it will operate an employer appeals process, pursuant to 45 CFR 155.555(a) and (b), through which an employer may, in response to a notice under 45 CFR 155.310(h), appeal a determination that the employer does not provide minimum essential coverage through an employer-sponsored plan or that the employer does provide coverage but that it is not affordable coverage with respect to an employee. If the Exchange elects not to operate an employer appeals process, appellants will appeal directly to HHS.

I attest this activity is

I attest this activity will be

Completed/Expected



	complete <input type="checkbox"/>	complete <input type="checkbox"/>	Completion Date <a href="#">Click here to enter a date.</a>
(Check one): The Exchange will <input type="checkbox"/> OR <input type="checkbox"/> will not operate an employer appeals process.			
<i>(If applicable):</i> If the Exchange has elected to operate an employer eligibility appeals process, the Exchange will develop an operational approach that includes employer appeals process flows depicting the eligibility appeals process and the entity/entities that are responsible for processing and adjudicating appeals.			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>c.</b> The Exchange will establish a SHOP eligibility appeals process for employers and employees pursuant to 45 CFR 155.740, including identifying and/or designating the entities responsible for processing SHOP eligibility appeals.			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>3.9</b>	<b>Electronic Reporting of Eligibility Assessments and Determinations:</b> The Exchange will have the capability to electronically report results of eligibility determinations, including determinations of eligibility for an exemption from the individual responsibility requirement (if applicable), and provide associated information to the agencies administering insurance affordability programs (i.e., HHS and IRS) as applicable. This includes information necessary to support administration of the APTC and CSR and support the employer responsibility provisions of the ACA.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>3.10</b>	<b>Standards for Applications, Forms, and Notices:</b> The Exchange will provide applications, forms, and notices to individuals and SHOP employers that adhere to standards in 45 CFR 155.230 and 155.310.		
	<b>a.</b> The Exchange will generate applications, forms, and notices for individuals and SHOP employers that meet accessibility and readability requirements in 45 CFR 155.205(c). This includes the single, streamlined application, along with notices of eligibility determination and annual redetermination.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will provide notices that meet the content and format requirements in 45 CFR 155.230 and will provide individuals with timely noticing of eligibility determinations in accordance with 45 CFR 155.310.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 4.0 Plan Management

4.1	<b>Certification of Qualified Health Plans for the Individual Market and SHOP</b>		
	<p><b>a.</b> The Exchange will develop the necessary infrastructure to certify QHPs pursuant to 45 CFR 155.1010(a), including plan management system(s) or processes that support the collection of QHP issuer and plan data; facilitate the QHP certification process; manage QHP issuers and plans. This includes the Exchange working in coordination with the appropriate State regulatory entity (e.g., State Department of Insurance) to ensure the necessary organizational capacity will be in place.</p>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<p><b>b.</b> The Exchange will have a review process in place for ensuring issuers and health plans meet the minimum QHP certification standards pursuant to CFR 155.1000(c) and 45 CFR 156. This includes the Exchange working in coordination with the appropriate State regulatory entity (e.g., State Department of Insurance) to ensure the necessary review processes will be in place to ensure the applicable QHP certification standards are met.</p>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
4.2	<b>QHP Monitoring and Compliance:</b> The Exchange will have the capacity to ensure QHPs' ongoing compliance with QHP certification requirements pursuant to 45 CFR 155.1010(a)(2).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter</a>
4.3	<b>Recertification:</b> The Exchange will have a process in place for QHP issuer recertification which will at a minimum include a review of initial certification criteria, pursuant to 45 CFR 155.1075.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
4.4	<b>Decertification, and Appeals:</b> The Exchange will have a process in place for QHP decertification, including appeal of decertification determinations, and notice of decertification to appropriate parties, pursuant to 45 CFR 155.1080.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>



<b>4.5</b>	<b>Issuer Accreditation and Enforcement:</b> The Exchange will set a timeline for QHP issuer accreditation in accordance with 45 CFR 155.1045. The Exchange will also have systems and procedures in place to ensure QHP issuers meet accreditation requirements (per 45 CFR 156.275) as part of QHP certification in accordance with applicable rulemaking and guidance.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>4.6</b>	<b>Quality Reporting:</b> The Exchange will have systems and procedures in place to ensure that QHP issuers meet the minimum certification requirements pertaining to quality reporting and provide relevant information to the Exchange and HHS pursuant to ACA Sections 1311(c)(1), 1322(e)(3), and as specified in rulemaking.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 5.0 SHOP

	<b>Employer Size:</b> The state will determine the size of a small employer, as well as methods for determining whether an employee is a full-time employee (FTE).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<p>Select the size of a small employer: 1-50: <input type="checkbox"/> or 1-100: <input type="checkbox"/></p> <p>Select method state will use to count employees: Federal FTE method: <input type="checkbox"/> or state method: <input type="checkbox"/></p>			
	<b>Enrollment:</b> The Exchange will determine whether to perform enrollment functions, or to permit enrollment directly through QHP issuers and/or registered agents/brokers, or both serve as the enrollment platform and permit enrollment directly through QHP issuers and/or registered agents/brokers, in accordance with 45 CFR 155 Subpart H.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<p>Select the Exchange's enrollment method:</p> <p>Exchange will provide an enrollment platform: <input type="checkbox"/></p> <p>Exchange will permit enrollment directly through QHP issuers and/or registered agents/brokers: <input type="checkbox"/></p> <p>Exchange will both provide the enrollment platform, as well as permit enrollment directly through QHP issuers and/or registered agents/brokers: <input type="checkbox"/></p>			
<b>5.3</b>	<b>Employer and Employee Choice:</b> The Exchange will establish whether or not SHOP will offer employer and/or employee choice, in accordance with 45 CFR 155.706(b)(2)-(3).		

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	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
Select the Exchange's employee choice method: Horizontal Choice: <input type="checkbox"/> Vertical Choice: <input type="checkbox"/> Both: <input type="checkbox"/>			
<b>Rates:</b> The Exchange will require all QHP issuers to make any changes to rates at uniform time that is quarterly, monthly, or annually, and prohibits all QHP issuers from varying rates for a qualified employer during the employer's plan year, in accordance with 45 CFR 155.706(b)(6).			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>5.5</b>	<b>Premium Calculator:</b> The Exchange will establish the premium calculator for SHOP in accordance with 45 CFR 155.706(b)(11).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
Provide website link to premium calculator:			
<b>5.6</b>	<b>Uniform Enrollment Timeline:</b> The Exchange will develop a uniform enrollment timeline and process that includes information pertaining to grace periods, effective dates of coverage, enrollment periods, and reinstatement policies, in accordance with 45 CFR 156.286(b).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>(If applicable) Minimum Participation:</b> If the Exchange implements minimum participation requirements in the SHOP, state regulatory authority exists for uniform group participation rules for offering health insurance coverage in the SHOP.			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a> N/A <input type="checkbox"/>
Provide citation of state regulatory authority for SHOP uniform participation rules:			
<b>Eligibility Determinations:</b> The Exchange will develop and maintain a website that is capable of providing employer eligibility determinations and facilitating comparison(s) of available QHPs in the SHOP.			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

<b>5.9</b>	<b>Electronically Report Results of Employer Eligibility Information for the SHOP:</b> The SHOP will have the capacity to electronically report information to IRS for tax administration purposes, in accordance with 45 CFR 155.721.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 6.0 Finance and Accounting

<b>6.1</b>	<b>Cost, Budget, and Management Plan:</b> The Exchange will have a long-term budget (i.e., with costs and revenues) and management plan, and will have long-term strategies for financial sustainability, as required by ACA Section 1311(d)(5)(A).		
	<b>a.</b> The Exchange will establish methods to generate revenue and address any financial deficits.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will have the ability to submit, on an annual basis, a multi-year operational budget and management plan as required by CMS.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>Financial Accounting Procedures and Financial Statement:</b> The Exchange will keep accurate financial accounting procedures in accordance with generally accepted accounting principles (GAAP) pursuant to 45 CFR 155.1200(a)(1). The Exchange will provide a financial statement in accordance with GAAP principles by April 1 pursuant to 45 CFR 155.1200(b)(1).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 7.0 Technology

<b>7.1</b>	<b>Information Technology (IT) Operational Readiness Reviews, Consults, and Artifacts:</b> The Exchange will comply with relevant HHS information technology guidance and will complete IT operational readiness reviews and consults with CMS.		
	<b>a.</b> The Exchange will complete IT operational readiness reviews with CMS through successful completion of all activities, consults, and submission of artifacts and/or completion of all iterations or functional equivalents for each project phase as agreed to with CMS.		

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	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>b.</b> The Exchange will follow necessary CMS guidelines in order to participate in formal Federal integration testing.			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>c.</b> The Exchange will demonstrate all core functionality of its Exchange through an online demonstration.			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>d.</b> The Exchange will participate in IT operational readiness reviews, as appropriate, conducted by the Centers for Medicaid & CHIP Services (CMCS) as part of its requirements and oversight of IT projects receiving enhanced Federal financial participation under Title XIX of the Social Security Act. The Exchange will submit required artifacts and activities or functional equivalents as agreed to with CMS.			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>7.2</b>	<b>Essential Functionality:</b> The Exchange will determine its IT integration approach for implementing essential functionality of its Exchange, such as assigning internal resources and/or contracting for a systems integrator or for technology services.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 8.0 Privacy and Security

All SBEs will need to meet security and privacy standards under 45 CFR 155.260 and 155.280. As a condition to connect to the FDSH, HHS requires states to use the Minimum Acceptable Risk Standards for Exchanges (MARS-E) guidance as a minimum standard upon which to base their own security standards. In addition, SBEs should refer to the checklist in the *Privacy and Security Timelines and Artifacts For Health Insurance Marketplaces, Medicaid/CHIP Agencies and Partner Organizations* to determine the privacy and security documents that apply to them.

**8.1 Privacy Standards, Policies and Procedures:** The Exchange will establish and implement written policies and procedures, and will execute required privacy agreements with CMS according to the standards set forth in 45 CFR 155.260.

	<b>a. The Exchange will complete the ACA Health Insurance Exchange Privacy Impact Assessment (PIA) and submit to CMS.</b>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b. The Exchange will sign and submit the Computer Matching Agreement (CMA) between CMS and state-based administering entities to CMS.</b>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>c. The Exchange will sign and submit the Information Exchange Agreement (IEA) to CMS.</b>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>8.2</b>	<b>Security Standards, Policies and Procedures:</b> The Exchange will establish and implement written policies and procedures, and will execute required security agreements with CMS according to the standards set forth in 45 CFR 155.260.		
	<b>a. The Exchange will submit its System Security Plan (SSP) workbook to CMS.</b>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b. The Exchange will submit its Independent Security Assessment Report (SAR) to CMS.</b>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>c. The Exchange will submit its Plan of Actions &amp; Milestones (POA&amp;M) based on residual risks identified during the Independent Assessment to obtain an initial Authority to Connect to the FDSH.</b>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>d. The Exchange will execute all required Interconnection Security Agreements (ISA) (i.e., Master and Associate ISAs).</b>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>8.3</b>	<b>IRS FTI Safeguards:</b> The Exchange will establish safeguards to protect the confidentiality of all Federal information received through the FDSH, including but not limited to Federal tax information.		
	<b>a. The Exchange will develop its ACA Safeguards Security Report (SSR) for IRS for approval.</b>		

	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will receive a letter of acceptance from the IRS on its Safeguards Security Report (SSR).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>8.4</b>	<b>Connection to the FDSH Production Environment:</b> The Exchange will implement, and verify with CMS that it has met, the privacy and security safeguards required to connect to the FDSH production environment.		
	<b>a.</b> The Exchange will perform its own System Authorization, and will receive an Authority to Operate (ATO) from the Exchange authorizing official.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will obtain HHS approval for an Authority to Connect (ATC) to the FDSH production environment.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 9.0 Program Integrity and Oversight

<b>9.1</b>	<b>Maintenance of Records:</b> The Exchange will have the capacity to maintain books, records, documents, and other evidence of procedures and practices to demonstrate compliance with Federal requirements for each benefit year for at least 10 years pursuant to 45 CFR 155.1210.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>9.2</b>	<b>Oversight and Monitoring:</b> The Exchange will establish and implement a comprehensive oversight and monitoring plan that includes policies and procedures to identify incidents of fraud, waste, and abuse.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>9.3</b>	<b>Program Integrity Reporting:</b> The Exchange will conduct program integrity and oversight activities in accordance with 45 CFR 155.1200. This includes completion of the State-based Marketplace Annual Reporting Tool (SMART); independent external programmatic and financial audits; and participation in		

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oversight activities and readiness reviews as determined necessary by CMS.			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>9.4</b>	<b>Enrollment Metrics:</b> The Exchange will develop policies, procedures, and a timeline for the collection and reporting of enrollment metrics. The Exchange will submit individual and SHOP enrollment indicator metric reports in accordance with CMS timelines and templates.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 10.0 Contingency Planning

<b>10.1</b>	<b>Contingency/Risk Mitigation Operations</b>		
	<b>a.</b> The Exchange will establish a contingency plan for any functionality that may not be available or ready to begin open enrollment operations as an SBE, which includes any interim work-around or risk mitigation plans, as well a plan to move from the work around to a final solution at a later date.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will establish both an operational contingency and a recovery operations plan.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>



## PART D: STATE-BASED EXCHANGE ON THE FEDERAL PLATFORM BLUEPRINT APPLICATION

### 1.0 Legal Authority & Governance

<b>1.1</b>	<b>SBE-FP Federal Platform Agreement:</b> The Exchange will execute a Federal Platform Agreement with CMS prior to the beginning of open enrollment for any coverage year in which the Exchange elects to operate on the Federal platform ( <i>45 CFR 155.106(a)(2)</i> ).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>1.2</b>	<b>Exchange Enabling Authority:</b> The Exchange will have the appropriate authority to operate an SBE, including a Small Business Health Options Program (SHOP), compliant with Affordable Care Act Section 1321(b) and applicable rulemaking.		
	Provide citation and URL of Exchange-enabling authority:		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>1.3</b>	<b>Authority to Certify Qualified Health Plans (QHPs):</b> The Exchange will have the appropriate state authority to perform the certification of QHPs and to oversee QHP issuers consistent with 45 CFR 155.1010(a), in coordination with the appropriate state insurance oversight entity.		
	Provide citation and URL of Exchange authority to certify QHPs:		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>1.4</b>	<b>Authority to Generate Revenue:</b> The Exchange will have the appropriate authority to generate revenue to pay the Federal Platform User Fee and to conduct the activities required as an SBE-FP and has defined methods for generating revenue (e.g., user fees) ( <i>ACA §1311(d)(5)(A)</i> ).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>1.5</b>	<b>Board and Governance Structure:</b> If the Exchange is an independent state agency or a non-profit entity established by the state, the Exchange will establish a board and governance structure ( <i>ACA §1311(d)</i> , <i>45 CFR 155.110(c)</i> ).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 2.0 Consumer Assistance Tools and Programs

2.1	<b>Stakeholder Consultation:</b> The Exchange will conduct stakeholder consultation to seek input for the duration of Exchange planning and operation pursuant to 45 CFR 155.130. This includes consultation with consumers, small businesses, state Medicaid and CHIP agencies, agents/brokers, large employers, if applicable, Federally-recognized Tribes, as defined in the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a, and other relevant stakeholders to the extent CMS is unable to, or in coordination with CMS.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
2.2	<b>Toll-Free Hotline</b>		
	<b>a.</b> The Exchange will establish and operate a toll-free telephone hotline to respond to requests for assistance to consumers in the SBE-FP, including the capability to provide information to consumer and appropriately direct them to the Federal call center or Healthcare.gov to apply for, and enroll in, QHP coverage pursuant to 45 CFR 155.205(a).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange toll-free telephone hotline will provide information to consumers in a manner that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, including providing and informing consumers about the availability of auxiliary aids and services, and oral interpretation at no cost to the consumer, in accordance to HHS regulations and guidance pursuant to 45 CFR 155.205(c)(1), (c)(2)(i), and (c)(3).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>c.</b> The Exchange outreach and education information will meet accessibility standards including providing information to consumers in plain language, and in a manner, that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, in accordance with HHS regulations and guidance pursuant to 45 CFR 155.205(c). The Exchange outreach and education information will inform individuals about the availability of auxiliary aids and services for people with disabilities, language services at no cost to the individual, oral interpretation, written translations, and will provide taglines in non-English languages indicating the availability of language services.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
2.3	<b>Website</b>		

<b>a.</b> The Exchange will establish and maintain an up-to-date website in accordance with 45 CFR 155.205(b).			
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
<b>b.</b> The Exchange will operate a website with the capability to provide information to consumers and direct them to Healthcare.gov to apply for, and enroll in, QHP coverage pursuant to 45 CFR 155.205(b)(7).			
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
<b>c.</b> The Exchange will develop, operate, and maintain a tool on its internet website for consumers to use to find local assisters for help with applying for and enrolling in coverage. Healthcare.gov's Find Local Help tool will direct consumers to the SBE-FP's tool.			
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
<b>d.</b> The Exchange website will meet accessibility standards including providing information to consumers in plain language, and in a manner, that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, in accordance with HHS regulations and guidance pursuant to 45 CFR 155.205(c). The Exchange website will inform individuals about the availability of auxiliary aids and services for people with disabilities, language services at no cost to the individual, oral interpretation, written translations, and will provide taglines in non-English languages indicating the availability of language services.			
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
<b>2.4</b>	<b>Outreach and Education</b>		
<b>a.</b> The Exchange will coordinate with CMS to conduct outreach and education activities to educate consumers about the Exchange and insurance affordability programs, and to encourage consumer participation in the Exchange as specified in 45 CFR 155.205(e). These activities could include, for example, informational marketing materials, advertisements, community outreach events, or other outreach and education activities that the Exchange determines suitable for its consumers.			
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
<b>2.5</b>	<b>Consumer Assistance:</b> The Exchange will implement consumer assistance functions in accordance with 45 CFR 155.205(d) including providing referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of		

	the Public Health Service Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>2.6</b>	<b>Navigator Program</b>		
	<b>a.</b> The Exchange will establish, fund and operate a Navigator program through which it will award grants to eligible entities or individuals capable of carrying out Navigator duties as required under 45 CFR 155.210.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will develop and publicly disseminate a set of standards to be met by Navigator grantees designed to prevent or minimize potential conflicts of interest that may exist for entities or individuals to be awarded grants in accordance with 45 CFR 155.210(b)(1).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>c.</b> The Exchange will develop and publicly disseminate a set of training standards to be met by Navigator grantees that will ensure expertise concerning topics such as QHP options, insurance affordability programs, eligibility and enrollment rules and regulations, privacy and security standards, and all other requirements in accordance with 45 CFR 155.210(b)(2).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>d.</b> The Exchange will enter into agreements pursuant to 45 CFR 155.260(b) with Navigator grantees to ensure adherence to all terms and conditions of privacy and security standards.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

2.7	<b>(If applicable) Non-Navigator Assistance Personnel:</b> If the Exchange opts to have a non-Navigator assistance personnel program, the Exchange will maintain full responsibility for program operations, as well as for selecting and ensuring the proper training of all non-Navigator assistance personnel in the SBE-FP. Specifically, the SBE-FP will ensure that non-Navigator assistance personnel complete any required FFE and state-specific training(s) and comply with all applicable regulatory requirements, including 45 CFR 155.205(d)-(e), 45 CFR 155.215, and 45 CFR 155.260(b).			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date Click here to enter a date	N/A <input type="checkbox"/>
<b>2.8 Certified Application Counselors (CACs)</b>				
<b>a.</b> The Exchange will establish a CAC program pursuant to 45 CFR 155.225 and will either, designate an organization to certify CACs to perform specified duties, will directly certify CACs to perform specified duties, or will implement a combination of both these approaches in establishing their CAC program.				
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date Click here to enter a date.	
<b>b.</b> The Exchange will ensure, either directly, or through designated organizations, that CACs complete required state-specific training(s) on topics including QHP options, insurance affordability programs, eligibility and enrollment rules and all other applicable regulatory requirements.				
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date Click here to enter a date.	
<b>c.</b> The Exchange will ensure CACs adherence to all terms and conditions of privacy and security standards pursuant to 45 CFR 155.260(b).				
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date Click here to enter a date.	
<b>2.9 (If applicable) Agents and Brokers:</b> A state may permit agents and brokers to assist consumers to enroll in QHPs pursuant to 45 CFR 155.220.				
<b>a.</b> The Exchange will clearly define the role of agents and brokers including, as applicable, evidence of licensure, training, and compliance with regulatory requirements under 45 CFR 155.220.				
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date Click here to enter a date.	N/A <input type="checkbox"/>
<b>b.</b> The Exchange will ensure that agents and brokers in the SBE-FP complete the applicable FFE training and registration requirements under 45 CFR 155.220 and any required state-specific				

	training(s), requirements under 45 CFR 155.260(b), and comply with state licensure requirements.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>c.</b> The Exchange will have an agreement in place with agents and brokers operating in the individual Exchange consistent with 45 CFR 155.220(d). The agreement will ensure agent and broker compliance with regulatory requirements including, advanced registration with the Exchange, completed training on QHP options and insurance affordability program(s), and adherence to privacy and security standards pursuant to 45 CFR 155.260		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>2.10</b>	<b>(If applicable) Web Brokers:</b> If the state permits agents and brokers to enroll consumers in QHPs, and assist consumers in applying for insurance affordability programs pursuant to 45 CFR 155.220(c)(3), the Exchange will ensure that any agent or broker whose website will be used to select QHPs will comply with all applicable provisions of 45 CFR 155.220.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
			N/A <input type="checkbox"/>

### 3.0 Eligibility and Enrollment

<b>3.1</b>	<b>Use of the Federal Platform for the Individual Market Eligibility and Enrollment Functions and Associated Eligibility Support Functions:</b> As an SBE-FP, the Exchange will use the Federal platform for eligibility and enrollment functions as a bundled package. These include using the FFE's business rules and operational processes related to the processing of consumer applications for health insurance coverage, eligibility determinations, enrollment processing, exemptions determinations, annual renewals and redeterminations, special enrollment periods, Form 1095-As, Medicaid assessments or determinations, employer notifications, eligibility appeals, consumer call center, and consumer casework.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>3.2</b>	<b>SHOP Eligibility Determination:</b> The Exchange will have the ability to make employer eligibility determinations and facilitate comparison(s) of available QHPs in the SHOP.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>



<b>3.3</b>	<b>Report Results of Employer SHOP Eligibility Information to IRS for Tax Administration Purposes:</b> The Exchange will have the ability to electronically report employer eligibility information to the Internal Revenue Service (IRS) for tax administration purposes per 45 CFR 155.720(i). If needed, the Exchange will ensure it establishes and maintains connectivity to the Federal Data Services Hub (FDSH) in order to submit SHOP eligibility reporting to IRS.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>3.4</b>	<b>Eligibility Appeals for SHOP:</b> The Exchange will establish a SHOP eligibility appeals process for employers and employees pursuant to 45 CFR 155.740, including identifying and/or designating the entities responsible for processing SHOP eligibility appeals.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 4.0 Plan Management

<b>4.1</b>	<b>Certification of Qualified Health Plans for the Individual Market and SHOP</b>		
	<b>a.</b> The Exchange will develop the necessary infrastructure to certify QHPs pursuant to 45 CFR 155.1010(a), including plan management systems or processes that support the collection of QHP issuer and plan data; facilitate the QHP certification process; manage QHP issuers and plans; and review and transmit data to CMS for display of certified QHPs on the Federal platform in accordance with applicable CMS timelines and requirements. This includes the Exchange working in coordination with the appropriate State regulatory entity (e.g., State Department of Insurance) to ensure the necessary organizational capacity will be in place to perform these functions.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will have a review process in place for ensuring issuers and health plans meet the minimum QHP certification standards pursuant to CFR 155.1000(c) and 45 CFR 156. This includes the Exchange working in coordination with the appropriate State regulatory entity (e.g., State Department of Insurance) to ensure the necessary review processes will be in place to ensure the applicable QHP certification standards are met.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>



<b>4.2</b>	<b>QHP Monitoring and Compliance:</b> The Exchange will have the capacity to ensure QHPs' ongoing compliance with QHP certification requirements pursuant to 45 CFR 155.1010(a)(2).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>4.3</b>	<b>Recertification:</b> The Exchange will have a process in place for QHP issuer recertification which will at a minimum include a review of initial certification criteria, pursuant to 45 CFR 155.1075.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>4.4</b>	<b>Decertification, and Appeals:</b> The Exchange will have a process in place for QHP decertification, including appeal of decertification determinations, and notice of decertification to appropriate parties, pursuant to 45 CFR 155.1080.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>4.5</b>	<b>Issuer Accreditation and Enforcement</b>		
	<b>a.</b> The Exchange will set a timeline for QHP issuer accreditation in accordance with 45 CFR 155.1045. The Exchange will also have systems and procedures in place to ensure QHP issuers meet accreditation requirements (per 45 CFR 156.275) as part of QHP certification in accordance with applicable rulemaking and guidance.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
	<b>b.</b> The Exchange will enforce the Federal casework standards in 45 CFR 156.1010 with respect to issuers participating in the SBE-FP.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 5.0 SHOP

	<b>Employer Size:</b> The state will determine the size of a small employer, as well as methods for determining whether an employee is a full-time employee (FTE).		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to</a>

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			enter a date.
Select the size of a small employer: 1-50: <input type="checkbox"/> or 1-100: <input type="checkbox"/>			
Select method state will use to count employees: Federal FTE method: <input type="checkbox"/> or state method: <input type="checkbox"/>			
<b>Enrollment:</b> The Exchange will determine whether to perform enrollment functions, or to permit enrollment directly through QHP issuers and/or registered agents/brokers, or both serve as the enrollment platform and permit enrollment directly through QHP issuers and/or registered agents/brokers, in accordance with 45 CFR 155 Subpart H.			
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
Select the Exchange's enrollment method: Exchange will provide an enrollment platform: <input type="checkbox"/> Exchange will permit enrollment directly through QHP issuers and/or registered agents/brokers: <input type="checkbox"/> Exchange will both provide the enrollment platform, as well as permit enrollment directly through QHP issuers and/or registered agents/brokers: <input type="checkbox"/>			
<b>5.3</b>	<b>Employer and Employee Choice:</b> The Exchange will establish whether or not SHOP will offer employer and/or employee choice, in accordance with 45 CFR 155.706(b)(2)-(3).		
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
Select the Exchange's employee choice method: Horizontal Choice: <input type="checkbox"/> Vertical Choice: <input type="checkbox"/> Both: <input type="checkbox"/>			
<b>Rates:</b> The Exchange will require all QHP issuers to make any changes to rates at uniform time that is quarterly, monthly, or annually, and prohibits all QHP issuers from varying rates for a qualified employer during the employer's plan year, in accordance with 45 CFR 155.706(b)(6).			
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
<b>Premium Calculator:</b> The Exchange will establish the premium calculator for SHOP in accordance with 45 CFR 155.706(b)(11).			
I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>	
Provide website link to premium calculator:			
<b>Uniform Enrollment Timeline:</b> The Exchange will develop a uniform enrollment timeline and			

process that includes information pertaining to grace periods, effective dates of coverage, enrollment periods, and reinstatement policies, in accordance with 45 CFR 156.286(b).				
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>		Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>(If applicable) Minimum Participation:</b> If the Exchange implements minimum participation requirements in the SHOP, state regulatory authority exists for uniform group participation rules for offering health insurance coverage in the SHOP.				
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>		Completed/Expected Completion Date <a href="#">Click here to enter a date.</a> N/A <input type="checkbox"/>
Provide citation of state regulatory authority for SHOP uniform participation rules:				
<b>5.8</b>	<b>Eligibility Determinations:</b> The Exchange will develop and maintain a website that is capable of providing employer eligibility determinations and facilitating comparison(s) of available QHPs in the SHOP.			
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>		Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>5.9</b>	<b>Electronically Report Results of Employer Eligibility Information for the SHOP:</b> The SHOP will have the capacity to electronically report information to IRS for tax administration, in accordance with 45 CFR 155.721.			
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>		Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 6.0 Finance and Accounting

<b>6.1</b>	<b>Cost, Budget, and Management Plan:</b> The Exchange will have a long-term budget (i.e., with costs and revenues) and management plan, and will have long-term strategies for financial sustainability, as required by ACA Section 1311(d)(5)(A).			
<b>a.</b> The Exchange will establish methods to generate revenue and address any financial deficits.				
I attest this activity is complete <input type="checkbox"/>		I attest this activity will be complete <input type="checkbox"/>		Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>b.</b> The Exchange will have the ability to submit, on an annual basis, a multi-year operational budget and management plan as required by CMS.				

	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>Financial Accounting Procedures and Financial Statement:</b> The Exchange will keep accurate financial accounting procedures in accordance with generally accepted accounting principles (GAAP) pursuant to 45 CFR 155.1200(a)(1). The Exchange will provide a financial statement in accordance with GAAP principles by April 1 pursuant to 45 CFR 155.1200(b)(1).			
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 7.0 Technology

<b>7.1</b>	<b>Essential Functionality:</b> The Exchange will determine its IT approach for performing the essential business functions of the Exchange (e.g., website, plan management, SHOP) by assigning internal resources or, if needed, contracting for technology services.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 8.0 Privacy and Security

<b>8.1</b>	<b>Information Disclosure Agreement:</b> In accordance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E), the Exchange will execute an Information Disclosure Agreement (IDA) with CMS, or an updated Information Disclosure Agreement, as applicable, to support authorized sharing of data between CMS and the SBE-FP.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
<b>8.2</b>	<b>Information Exchange Agreement:</b> In accordance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E), the Exchange will execute an Exchange Agreement (IEA) with CMS, as needed, in order to submit Federally required reporting, including reporting employer eligibility information to IRS for tax administration purposes.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>

## 9.0 Program Integrity and Oversight

9.1	<b>Maintenance of Records:</b> The Exchange will have the capacity to maintain books, records, documents, and other evidence of procedures and practices to demonstrate compliance with Federal requirements for each benefit year for at least 10 years pursuant to 45 CFR 155.1210.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
9.2	<b>Oversight and Monitoring:</b> The Exchange will establish and implement a comprehensive oversight and monitoring plan that includes policies and procedures to identify incidents of fraud, waste, and abuse.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
9.3	<b>Program Integrity Reporting Procedures:</b> The Exchange will conduct program integrity and oversight activities in accordance with 45 CFR 155.1200. This includes completion of the State-based Marketplace Annual Reporting Tool (SMART); independent external programmatic and financial audits; and participation in oversight activities and readiness reviews as determined necessary by CMS.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>
9.4	<b>Enrollment Metrics:</b> The Exchange will develop policies, procedures, and a timeline for the collection and reporting of enrollment metrics. The Exchange will submit individual and SHOP enrollment indicator metric reports in accordance with CMS timelines and templates.		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>



## 10.0 User Fee

<b>10.1</b>	<p><b>Assessment of Federal Platform User Fee:</b> In accordance with 45 CFR 156.50(c)(2), CMS charges all issuers offering QHPs through SBE-FPs a Federal Platform User Fee for the portion of Federal platform services and benefits provided to the issuer, and is based upon effectuated enrollments at the issuer payee level.</p> <p>The Exchange will agree to payment of the Federal Platform User Fee established through the HHS Annual Notice of Benefit and Payment Parameters (known as the “Payment Notice”) for each benefit year. The Exchange will inform CMS of its election regarding how the fee is assessed by October 1 prior to the beginning of open enrollment of a given benefit year (e.g., CMS can either collect user fees from the Exchange or directly from SBE-FP issuer payees).</p>		
	I attest this activity is complete <input type="checkbox"/>	I attest this activity will be complete <input type="checkbox"/>	Completed/Expected Completion Date <a href="#">Click here to enter a date.</a>



## APPENDIX: BLUEPRINT UPDATE REFERENCE FOR TRANSITION OF A STATE BASED EXCHANGE TO A STATE BASED EXCHANGE ON THE FEDERAL PLATFORM

### Eligibility and Enrollment

<b>1</b>	<p><b>Issuer Transition</b></p> <p>The Exchange will ensure that issuers offering plans through the SBE-FP are prepared to transition to the Federal platform for the coverage year in which the SBE-FP will begin operations as an SBE-FP. The Exchange will communicate to issuers the requirements for exchanging enrollment data with CMS as part of onboarding to the Federal platform.</p>
<b>2</b>	<p><b>Completion of Eligibility and Enrollment actions for Prior Plan Years</b></p> <p>If transitioning from an SBE, the Exchange will continue processing any outstanding eligibility and enrollment actions applicable to any prior coverage years for which it operated as an SBE. This includes, but is not limited to, changes in circumstances, processing of consumer applications for health insurance coverage, eligibility determinations, enrollment processing, special enrollment periods, Form 1095-As, employer notifications, eligibility appeals, and consumer casework.</p>
<b>3</b>	<p><b>FDSH Connectivity</b></p> <p>If transitioning from an SBE, the Exchange will ensure it maintains connectivity to the FDSH to complete its various reporting obligations, as applicable, for any prior plan year for which it operated as an SBE and to meet all privacy and other related contractual agreements.</p>
<b>4</b>	<p><b>IRS Reporting</b></p> <p>If transitioning from an SBE, the Exchange will ensure proper reporting to the IRS for all coverage years prior to the transition, which may include retrospective monthly or annual reporting to the IRS.</p>
<b>5</b>	<p><b>CMS Monthly Enrollment &amp; Payment Data Workbook Reporting</b></p> <p>If transitioning from an SBE, the Exchange will ensure that it (or its issuers) submit any outstanding CMS monthly enrollment and payment data workbook reporting to CMS for all coverage years prior to the transition, to support CMS payments of advance premium tax credits (APTCs) to the issuers that provided coverage to APTC-eligible consumers. The Exchange may either submit the reporting itself or designate its QHP issuers to submit this reporting.</p>
<b>6</b>	<p><b>CMS Policy Level Enrollment Reporting</b></p> <p>If transitioning from an SBE, the Exchange will ensure proper and timely reporting to CMS for all coverage years prior to the transition.</p>

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## Technology

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**1 Information Technology (IT) Decommission Plan**

If the Exchange has not already decommissioned an existing eligibility and enrollment system and IT infrastructure, it will develop and execute an Exchange IT Decommission Plan, an IT Systems and Data Migration Strategy, and any other necessary plans for decommissioning.

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## Privacy and Security

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**1 Updated Computer Matching Agreement**

In accordance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E), the Exchange must maintain its Computer Matching Agreement (CMA) in order to complete any eligibility and enrollment functions applicable for any prior plan years for which it operated as an SBE.

**2 Updated Information Exchange Agreement**

In accordance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E), the Exchange must maintain its Information Exchange Agreement (IEA) with CMS in order to complete any Federal reporting obligations applicable for any prior plan years for which it operated as an SBE. The IEA must be current in order to maintain connection to the FDSH, through which such reporting is submitted.

**3 Updated Interconnection Security Agreement**

In accordance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E), the Exchange must maintain its Interconnection Security Agreement (ISA) with CMS in order to complete any Federal reporting obligations applicable for any prior plan years for which it operated as a SBE. The ISA must be current in order to maintain connection to the FDSH, through which such reporting is submitted.

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## Program Integrity and Oversight

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**1 Retroactive submission of SMART**

If transitioning from an SBE, the Exchange will submit any outstanding SMART, and complete conducting any applicable audits, for any coverage years during which it operated as an SBE.