Form Approved- exp.
OMB No: 0938-1244

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
7501 Wisconsin Avenue
Bethesda, MD 20814

State-based Marketplace Annual Reporting Tool (SMART)

Introduction

The Affordable Care Act (ACA) established State-based Exchanges (SBEs) and State-based Exchanges on the Federal Platform (SBE-FPs), collectively referred to as State Exchanges, to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. The ACA provides states with flexibility in the design and operation of their Exchanges to best meet the unique needs of their residents and insurance markets.

The Centers for Medicare & Medicaid Services (CMS) is responsible for the oversight and monitoring of State Exchanges pursuant to 45 CFR § 155.1200 (general program integrity and oversight responsibilities) and 45 CFR § 155.1210 (maintenance of records). Under these provisions, State Exchanges are required to conduct a defined set of oversight activities to track and monitor how they are meeting ACA program integrity standards. In addition, State Exchanges are required to comply with Exchange-related policy and operational requirements set forth in statute, regulations, and guidance.

The State-based Marketplace Annual Reporting Tool (SMART) was developed to assist CMS in the collection of SBE and SBE-FP reporting and auditing requirements, and, in coordination with other CMS oversight activities, to monitor and evaluate SBE compliance with applicable regulations and guidance. State Exchanges must submit the SMART annually to CMS by June 1. Submission of the SMART does not preclude a State Exchange from meeting other CMS reporting requirements not addressed in the SMART.

SBEs must submit or attest to the submission of these requirements by completing the following SMART elements: Eligibility and Enrollment, Financial and Programmatic Audit, and Program Integrity. SBE-FPs must complete only the Financial and Programmatic Audit and the Program Integrity sections. State Exchanges that have transitioned to a new Exchange model during the past year should work with CMS to understand the SMART requirements specific to their Exchange model transition. Directions for completing each SMART attestation and/or document submission are contained in the section description.

Unless otherwise noted, SBEs should answer the SMART questions as they relate to Exchange operations in place, as of the most recent Open Enrollment period.

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I. Eligibility and Enrollment

State-based Exchanges (SBEs) must answer all questions under the Eligibility and Enrollment section with a 'Yes,' 'No,' or 'Partial' response. State-based Exchanges on the Federal Platform (SBE-FPs) should skip this section and begin responding in section II Financial and Programmatic Audit.

SBEs must attest to whether the Exchange complies with the following Exchange-related eligibility and enrollment policy, operational regulations, and guidance, and submit the required information where noted. Please answer the questions as they relate to Exchange operations in place as of the most recent Open Enrollment period, unless otherwise noted.

A. Qualified Health Plan (QHP) Eligibility Application

The Exchange uses a single, streamlined eligibility application to collect from applicants the minimal information necessary to conduct the required eligibility determination and enrollment processes of the Exchange, Medicaid, Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP), per 45 CFR 155.315(i).

○ YES ○ NO

The Exchange verifies information provided on the single, streamlined application solely for an applicant or tax filer who is seeking coverage through the Exchange and not for other household members who may be listed on the application but who are not seeking coverage, per 45 CFR 155.320(a)(1).

○ YES ○ NO

If answered no, please explain:

B. QHP Eligibility Application: Verification of Identity

In accordance with 45 CFR 155.260(a)(3) and 155.260(a)(4), and the Computer Matching Agreement Between the Department of Health and Human Services (HHS)/CMS and State-Based Administering Entities, the Exchange verifies the identity of the application filer, or authorized representative, prior to the application filer initiating the online single, streamlined eligibility application for coverage and prior to the disclosure of verified eligibility information obtained through the Federal Data Services Hub to the application filer.

○ YES ○ NO

The Exchange verifies identity of the application filer through the Federal Data Services Hub Remote Identity Proofing (RIDP) Service, or through an alternative process.

○ YES ○ NO

If an alternative process is used, please summarize, and include any alternative data source(s) used:

C. QHP Eligibility Verification: Social Security Number

In accordance with 45 CFR 155.305(f)(6) and 155.310(a)(3), the Exchange seeks Social Security Numbers (SSNs) solely from applicants when applying through the single, streamlined eligibility application. The Exchange does not seek SSNs from non-applicants.

○ YES ○ NO

Please provide a screenshot or copy of the application question and related help text from the Exchange's single, streamlined application related to this verification.

UPLOAD

The Exchange verifies SSN for applicants with the Social Security Administration through the Federal Data Services Hub under 45 CFR § 155.315(b), unless otherwise authorized by CMS.

○ YES ○ NO

If answered no, please explain:

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D. QHP Eligibility Verification: Citizenship

In accordance with 45 CFR 155.310(a)(2), the Exchange seeks citizen status information in the single, streamlined eligibility application solely for applicants. The Exchange does not seek citizenship status information in the single streamlined eligibility application for non-applicants or household members who are not seeking coverage.

○ YES ○ NO

Please provide a screenshot or copy of the application question and related help text from the Exchange's single, streamlined application related to this verification.

UPLOAD

The Exchange verifies citizenship with the Social Security Administration through the Federal Data Services Hub under 45 CFR § 155.315(c), unless otherwise authorized by CMS.

○ YES ○ NO

If answered no, please explain:

E. QHP Eligibility Verification: Lawful Presence

In accordance with 45 CFR 155.310(a)(2) and 155.405(a), the Exchange seeks information from applicants' lawful presence status, as applicable, in the single, streamlined eligibility application. The Exchange does not seek information from non-applicants on their lawful presence status.

○ YES ○ NO

Please provide a screenshot or copy of the application question and related help text from the Exchange's single, streamlined application related to this verification.

UPLOAD

The Exchange verifies lawful presence with the Department of Homeland Security (DHS) through the Federal Data Services Hub Verify Lawful Presence (VLP) Service Step 1 under 45 CFR § 155.315(c), or through an alternative data source and/or process.

○ YES ○ NO

If an alternative process is used, please summarize, and include any alternative data source(s) used:

The Exchange verifies lawful presence with DHS through the Federal Data Services Hub VLP Service Step 2 under 45 CFR § 155.315(c), or through an alternative data source and/or process.

○ YES ○ NO

If an alternative process is used, please summarize, and include any alternative data source(s) used:

The Exchange verifies lawful presence with the Department of Homeland Security through the Federal Data Services Hub VLP Service Step 3 under 45 CFR § 155.315(c), or through an alternative data source and/or process.

○ YES ○ NO

If an alternative process is used, please summarize, and include any alternative data source(s) used:

If answered no, please explain:

F. QHP Eligibility Verification: State Residency

The Exchange verifies state residency through attestation under 45 CFR § 155.315(d), unless otherwise authorized by CMS.

○ YES ○ NO

The Exchange verifies state residency through a non-Federal Data Services Hub data source for this eligibility verification procedure.

○ YES ○ NO

If yes, please list data source(s):

G. QHP Eligibility Verification: Standards and Process for American Indian/Alaska Natives

The Exchange verifies American Indian/Alaska Native (AI/AN) through consumer attestation, relevant documentation, and/or an approved electronic data source as provided under 45 CFR § 155.350(c), unless otherwise authorized by CMS.

○ YES ○ NO

If yes, please select how the verification is completed (please select all that apply).

☐ Attestation

☐ Documentation

☐ Data Source

If data source is used, please list the source:

If answered no, please explain:

H. QHP Eligibility Verification: Incarceration Status

The Exchange verifies incarceration status through the Federal Data Services Hub, consumer attestation, and/or an approved electronic data source as provided under 45 CFR § 155.315(e), unless otherwise authorized by CMS.

○ YES ○ NO

If yes, please select how the verification is completed (please select all that apply).

- ☐ Attestation
- ☐ Documentation
- ☐ Data Source

If yes, please list any data source(s) used:

If answered no, please explain:

I. Affordability Program Eligibility Verification: Household Income and Size

In accordance with 45 CFR 155.305 and 155.320(c), the Exchange seeks information necessary to accurately calculate the applicant's household income in the single, streamlined eligibility application, and provides sufficient information or help language such that applicants are able to provide all necessary information.

○ YES ○ NO

Please provide a screenshot or copy of the application question and related help text from the Exchange's single, streamlined application related to this verification.

UPLOAD

The Exchange verifies household income and family/household size through the Federal Data Services Hub under 45 CFR § 155.320(c), unless otherwise authorized by CMS.

○ YES ○ NO

The Exchange verifies household income through an alternative process when the Federal Data Services Hub Modified Adjusted Gross Income (MAGI) data is not available.

○ YES ○ NO

If yes, please describe alternative process:

The Exchange uses a non-Federal Data Services Hub data source in addition to, or as a contingency for, the Federal Data Services Hub for this eligibility verification procedure.

○ YES ○ NO

If yes, please list data source(s):

J. Affordability Program Eligibility Verification: Employer-sponsored Plan

In accordance with 45 CFR 155.310(a)(2) and 155.405(a), the Exchange uses the single streamlined application to collect information on the status of eligibility and enrollment in an affordable employer-sponsored plan, for all individual(s) seeking coverage.

○ YES ○ NO

Please provide a screenshot or copy of the application questions and related help text regarding how eligibility and enrollment in an employer-sponsored plan, and the affordability of an employer-sponsored plan, is requested in the Exchange's single, streamlined application.

UPLOAD

The Exchange verifies eligibility related to enrollment in an eligible employer-sponsored plan and eligibility for qualifying coverage in an eligible employer-sponsored plan through the Federal Data Services Hub Office of Personnel Management Service under 45 CFR § 155.320(d)(2)(ii), unless otherwise authorized by CMS.

○ YES ○ NO

The Exchange uses a CMS-approved, non-Federal Data Services Hub data source in accordance with 45 CFR § 155.320(d)(2)(i) for this eligibility verification procedure.

○ YES ○ NO

The Exchange uses available data from its state-based Small Business Health Options Program (SHOP) in accordance with § 155.320(d)(2)(iii) for this eligibility verification procedure.

○ YES ○ NO

The Exchange employs other CMS-approved, risk-based processes in accordance with 45 CFR § 155.320(d)(4)(i) for this eligibility verification procedure.

○ YES ○ NO

If yes, please list data source(s) and/or risk-based process:

K. Affordability Program Eligibility Verification: Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP)

The Exchange verifies eligibility related to enrollment in Medicaid, CHIP, and BHP (if applicable), through a state-level data source under 45 CFR § 155.320(b)(1)(ii).

○ YES ○ NO

If answered no, please explain:

L. Affordability Program Eligibility Verification: Non-Employer-sponsored Plan

The Exchange verifies eligibility related to enrollment in minimum essential coverage (MEC) through a method other than an eligible employer-sponsored plan (e.g., Medicare, Veterans Health Administration, TRICARE/Department of Defense, and the Peace Corps) through the Federal Data Services Hub under 45 CFR § 155.320(b)(1)(i).

○ YES ○ NO

If answered no, please explain:

The Exchange uses a non-Federal Data Services Hub data source in addition to, or as a contingency for, the Federal Data Services Hub for this eligibility verification procedure.

○ YES ○ NO

If yes, please list data source(s):

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M. Inconsistency Resolution

In cases where the Exchange cannot verify information required to determine eligibility for enrollment in a QHP through the Exchange, Advance Premium Tax Credits (APTCs), and cost-sharing reductions (CSRs), the Exchange has a process in place to identify, notify consumers of, and resolve inconsistencies in accordance with 45 CFR § 155.315(f), relating to the following eligibility factors:

Eligibility Factor	Yes	No	Partial
Annual Income	◯	◯	◯
Citizenship	◯	◯	◯
Immigration Status	◯	◯	◯
Incarceration Status	◯	◯	◯
American Indian/Alaska Native	◯	◯	◯
Minimum Essential Coverage: Non-Employer Sponsored Coverage	◯	◯	◯
Minimum Essential Coverage: Employer Sponsored Coverage	◯	◯	◯

If answered no or partial, please explain:

The Exchange, in accordance with 45 CFR 155.315(g), provides exceptions, on a case-by-case basis, to accept the applicant's attestation as to information that cannot otherwise be verified, along with an explanation of circumstances as to why the applicant does not have documentation.

◯ YES ◯ NO

The Exchange has established an income verification threshold policy per 45 CFR 155.320(c)(3)(vi).

◯ YES ◯ NO

If yes, please list the policy including the threshold amount:

N. Benefit Year Eligibility Redetermination and Verification

The Exchange conducts eligibility redeterminations and verifies applicant-reported changes in circumstances during the benefit year in accordance with 45 CFR § 155.330.

◯ YES ◯ NO

Circumstance	Yes	No	Partial
Annual Income	◯	◯	◯
Citizenship	◯	◯	◯
Immigration Status	◯	◯	◯
Incarceration Status	◯	◯	◯

If answered no or partial, please explain:

O. Periodic Data Matching

The Exchange conducts periodic data matching (PDM) at least twice during the benefit year in accordance with 45 CFR § 155.330(d) to identify updated information for applicable enrollees in regard to the following eligibility factors. Exchanges that have an integrated eligibility system with their State Medicaid Agency (SMA) and have a single eligibility rules engine that uses MAGI to determine eligibility for advance payments of the premium tax credit, CSRs, Medicaid, CHIP, and the BHP (if applicable), should answer "Yes" for that specific item below, enter a frequency of "100," report the current date as the date of the most recent PDM recheck, and answer the following question.

PDM Subject	Yes	No	Partial	Frequency per Year	Date of Most Recent PDM Check (MM/DD/YYYY)
Death	◯	◯	◯		
Enrollment in Medicare	◯	◯	◯		
Enrollment in Medicaid, CHIP, and BHP (if applicable)	◯	◯	◯		

If answered no, partial, or indicated a frequency of less than twice per year, please explain:

If the Exchange has an integrated eligibility system with its State Medicaid Agency and a single eligibility rules engine that uses MAGI to determine eligibility for advance payments of the premium tax credit, CSRs, Medicaid, CHIP, and the BHP (if applicable), please provide an overview of the processes the Exchange has implemented to minimize or eliminate concurrent Medicaid/CHIP/BHP and Exchange APTC enrollments:

P. Annual Eligibility Redeterminations and Verification

The Exchange performs annual eligibility redeterminations and verifies reported changes in accordance with 45 CFR § 155.335. If yes, please upload the redeterminations plan for the upcoming plan year using the CMS-required template.

UPLOAD

○ YES ○ NO

If answered no, please explain:

Q. QHP Eligibility Process: Employer Notices

The Exchange notifies an employer when an employee who has been determined eligible for APTCs and CSRs has enrolled in a QHP through the Exchange within a reasonable timeframe under 45 CFR 155.310(h).

○ YES ○ NO

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R. QHP Eligibility Standards: Income Tax Return Filing Requirement

The Exchange verifies the tax filing status of new applicants and renewing enrollees with the Internal Revenue Service (IRS) through the Federal Data Services Hub under 45 CFR § 155.305(f)(4).

○ YES ○ NO ○ PARTIAL

If answered no or partial, please explain:

The Exchange denies or discontinues APTC for new applicants and renewing enrollees who are identified as having APTC paid on their behalf, but who did not file a tax return or reconcile APTC in accordance with 45 CFR § 155.305(f)(4).

○ YES ○ NO ○ PARTIAL

If answered no or partial, please explain:

S. Eligibility Determinations: Right to Appeal

The Exchange includes the notice of the right to appeal and instructions regarding how to file an appeal in any eligibility determination notice issued to the applicant in accordance with 45 CFR § 155.355.

○ YES ○ NO

If answered no, please explain:

T. Administration of Advance Payments of the Premium Tax Credit: CMS Reporting

The Exchange is compliant with applicable requirements regarding submission of Policy-level data to CMS for all applicable prior plan years to support the administration and reconciliation of payments of APTCs and CSRs to issuers under 45 CFR § 155.340(a), 45 CFR 155.340(i), and 45 CFR § 155.400(b).

○ YES ○ NO ○ PARTIAL

If answered no or partial, please explain:

The Exchange is compliant with requirements under 45 CFR 155.340(i) to utilize an APTC proration methodology that does not cause the amount of APTC applied to an enrollee's monthly premium to exceed their expected monthly PTC amount, when the enrollee is enrolled in a policy for less than the full coverage month.

○ YES ○ NO

If yes, please upload the Exchange's APTC Proration Methodology for the upcoming plan year using the CMS required template.

UPLOAD

If answered no, please explain:

U. Administration of Advance Payments of the Premium Tax Credit: IRS and Taxpayer Reporting

The Exchange complies with applicable requirements regarding reporting to the IRS and to taxpayers in accordance with 45 CFR § 155.340(c).

○ YES ○ NO ○ PARTIAL

If answered no or partial, please explain:

V. Monthly Reconciliation of Enrollment Information with QHP issuers

The Exchange reconciles its enrollment information, including historical dates of coverage, with QHP issuers no less than monthly in accordance with 45 CFR § 155.400(d).

○ YES ○ NO

If yes, please upload the internal and external procedures for reconciliation with issuers per 45 CFR § 155.400(d) only if the Exchange has not previously provided them or if they have undergone significant changes since the last submission.

UPLOAD

If answered no, please explain:

☐ Procedures previously submitted and have not undergone significant changes.

W. Special Enrollment Periods

The Exchange provides special enrollment periods (SEPs) during which qualified individuals may enroll in QHPs and enrollees may change QHPs, consistent with all parameters outlined at 45 CFR § 155.420, including requirements related to effective dates, availability and length of SEPs, triggering events, loss of coverage, and SEP verification.

○ YES ○ NO ○ PARTIAL

If answered no or partial, please explain:

SEP Reason	SEP Offered (Y/N)	SEP Pre-Enrollment Verification (Y/N)
Loss of Minimum Essential Coverage		
Permanent Move		
Change in Household Size[1]		
Denial of Medicaid/CHIP Eligibility		
Newly APTC Eligible or Ineligible, Change in CSR Eligibility		
Gaining Access to Individual Coverage Health Reimbursement Arrangements (ICHRA) or Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)		
Exchange Error, Misrepresentation, Misconduct		
Exceptional Circumstances (describe):		

[1] Includes marriage, divorce, and gaining/becoming a dependent

SEP Reason	SEP Offered (Y/N)	SEP Pre-Enrollment Verification (Y/N)
Other SEP (describe):		
Other SEP (describe):		
Other SEP (describe):		

X. Standards for Web-Brokers and Direct Enrollment Entities

If web-brokers are permitted to enroll consumers in QHPs and assist consumers in applying for insurance affordability programs, the Exchange ensures compliance with applicable requirements under 45 CFR § 155.220(n) and relevant sub-regulatory guidance.

○ YES ○ NO ○ NOT APPLICABLE

If answered no, please explain:

If operating a direct enrollment program, the Exchange ensures compliance with all applicable requirements and standards under 45 CFR § 155.221(j), 155.415(b) and relevant sub-regulatory guidance.

○ YES ○ NO ○ NOT APPLICABLE

If answered no, please explain:

Y. Self-Reporting: Eligibility and Enrollment Opportunity for Comments

If applicable, please use this section to provide any additional information or clarification on eligibility and enrollment that was not captured in the previous attestations or documentation.

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II. Financial and Programmatic Audit

Under 45 CFR § 155.1200, SBEs and SBE-FPs are required to report to CMS on financial and program integrity and engage an independent qualified auditing entity or entities to conduct a financial and programmatic audit. An independent qualified auditing entity is an entity that is in good standing with the state oversight agency and licensed with the state board of accountancy, not affiliated with the Exchange, and that follows generally accepted governmental auditing standards (GAGAS). Please attest to having completed the applicable activities and submit any required documentation.

A. Accurate Accounting

The Exchange keeps accurate accounting of all activities, receipts, and expenditures in accordance with generally accepted accounting principles (GAAP), as required under 45 CFR § 155.1200(a)(1).

○ YES ○ NO

If answered no, please explain:

B. Accurate Accounting and Financial Statement: Independent External Auditor Attestation

The Exchange has prepared an annual financial statement in accordance with GAAP, as required under 45 CFR § 155.1200(b)(1).

○ YES ○ NO

If answered no, please explain:

An independent qualified auditing entity attests that the Exchange has demonstrated accurate accounting of all activities, receipts, and expenditures and an accurate annual financial statement in accordance with GAAP.

○ YES ○ NO

If yes, please upload the annual financial statement confirming the Exchange has demonstrated accurate accounting and prepared an accurate financial statement.

UPLOAD

If applicable, please upload an Annual Comprehensive Financial Report (ACFR) and a stand-alone statement of Exchange appropriations and expenditures.

UPLOAD

If answered no, please explain:

C. Financial Independent External Audit

The Exchange has engaged with an independent qualified auditing entity that follows generally accepted governmental auditing standards (GAGAS) to perform an annual independent external financial audit of the Exchange, as required under 45 CFR § 155.1200(c), and submitted these results to CMS.

○ YES ○ NO

If yes, and not already provided as part of 2.B, upload results of the final annual independent external financial audit. If the internal controls report is separate from the financial audit, please upload it as well.

UPLOAD

If answered no, please explain and provide the date when the independent external financial audit report will be submitted to CMS:

D. Material Weaknesses: Financial Audit

The independent external financial audit identified a material weakness or significant deficiency.

○ YES ○ NO

If yes, the Exchange has informed CMS of any material weakness or significant deficiency and any intended corrective action identified by the independent external financial audit, as required under 45 CFR § 155.1200(c)(2).

○ YES ○ NO ○ NOT APPLICABLE

If yes, and not already provided with the financial audit report, upload a corrective action plan (CAP) addressing the material weakness or significant deficiency identified by the external financial audit.

UPLOAD

E. Summary of Audit Results Available to Public: Independent External Financial Audit

The Exchange has made a summary of the results from the independent external financial audit available to the public, as required under 45 CFR § 155.1200(c)(3).

○ YES ○ NO

If yes, include a link to where the independent external financial audit results are posted:

If answered no, please include the date when the independent external financial audit results will be posted on the Exchange's website:

F. Programmatic Independent External Audit

The Exchange has engaged with an independent external auditor to perform an annual independent external programmatic audit of the Exchange, as required under 45 CFR § 155.1200(c) and (d), and in compliance with the standards in 45 CFR Subpart M, § 155.1200.

○ YES ○ NO

If yes, upload results of the annual independent external programmatic audit.

UPLOAD

If answered no, please explain and provide the date when the independent external programmatic audit report will be submitted to CMS:

G. Material Weaknesses: Programmatic Audit

The independent external programmatic audit identified a material weakness or significant deficiency.

YES NO NOT APPLICABLE

If yes, the Exchange has informed CMS of any material weakness or significant deficiency and any intended corrective action identified by the independent external programmatic audit, as required under 45 CFR § 155.1200(c)(2).

YES NO

If yes, and not already provided with the programmatic audit report, upload a CAP addressing the material weakness or significant deficiency identified by the independent external programmatic audit.

UPLOAD

H. Summary of Audit Results Available to the Public: Independent External Programmatic Audit

The Exchange has made a summary of the results from the independent external programmatic audit available to the public, as required under 45 CFR § 155.1200(c)(3).

YES NO

If yes, include a link to where the independent external programmatic audit results are posted:

If answered no, please include the date when the independent external programmatic audit results will be posted on the Exchange’s website:

I. Self-Reporting: Financial and Programmatic Opportunity for Comments

If applicable, please use this section to provide any additional information or clarification on the Exchange's independent external financial and programmatic audits that was not captured in the previous attestations or documentation.

III. Program Integrity

A. Maintenance of Records

The Exchange adheres to the maintenance of records requirements as required under 45 CFR § 155.1210(a)–(c).

○ YES ○ NO

If answered no, please explain:

B. Enrollment Indicator Metrics

The Exchange submits individual and/or SHOP enrollment indicator metric reports in accordance with CMS timelines and templates, as required under 45 CFR § 155.1200(a)(3) and the Paperwork Reduction Act (PRA).

○ YES ○ NO ○ N/A

If answered no, please explain:

C. Oversight and Monitoring, including Fraud, Waste, and Abuse Policies and Procedures

The Exchange has a comprehensive, documented oversight and monitoring program to ensure program integrity, which includes policies and procedures to identify incidents of fraud, waste, and abuse, as required under § 1313(a)(5) of the ACA.

○ YES ○ NO

If answered no, please explain:

If yes, upload the oversight and monitoring plan and fraud, waste, and abuse policies and procedures if not previously provided or if it has undergone significant changes since the last submission.

UPLOAD

☐ Policies and procedures previously submitted and have not undergone significant changes.

D. Non-Discrimination Policies and Standards

The Exchange has policies and clear enforcement standards to safeguard against discrimination in health insurance determinations and practices in accordance with § 1557 of the Affordable Care Act.

○ YES ○ NO

If answered no, please explain:

If yes, upload the Exchange's non-discrimination policies and standards if not previously provided or if it has undergone significant changes since the last submission.

UPLOAD

☐ Policies and standards previously submitted and have not undergone significant changes.

E. Consumer Assistance Resources

The Exchange has policies, procedures, and resources in place to provide all consumers with information and assistance that is timely and accessible in accordance with 45 CFR § 155.205. For SBE-FPs, the Exchange has, at a minimum, an informational website and toll-free hotline that directs consumers to the Federal Platform for eligibility and enrollment.

○ YES ○ NO

If answered no, please explain:

F. Navigator Program and Standards

The Exchange has a Navigator program through which it awards grants to eligible entities and has applicable Navigator standards and processes in place in accordance with 45 CFR § 155.210.

○ YES ○ NO

If answered no, please explain:

G. Financial Information

The Exchange publishes on its website average licensing costs, regulatory fees, administrative costs, and any other additional fees required by the Exchange, along with any monies lost to waste, fraud, and abuse, in accordance with 45 CFR § 155.205(b)(2). (Please note: The Exchange may already include this information in its publicly posted financial statement or financial audit summary or may publish it separately.)

○ YES ○ NO

If yes, include a link to where the information is posted:

If answered no, please explain:

H. CMS Annual Budget Template

The Exchange has completed the CMS annual budget template, as required under 45 CFR § 155.1200(b)(2).

○ YES ○ NO

If answered yes, please upload the completed budget template.

UPLOAD

If answered no, please include the date when the Exchange will submit the CMS annual budget template to CMS:

I. Certification of Qualified Health Plans

The Exchange has standards and processes in place to certify QHPs as specified under 45 CFR § 155.1000–1090.

○ YES ○ NO

If answered no, please explain:

J. Self-Reporting: Program Integrity Opportunity for Comments

If applicable, please use this section to provide any additional information or clarification on program integrity that was not captured in the previous attestations or documentation.

IV. Attestation of Completion

Please note that the Exchange CEO or their designee should sign the following attestation. It should not be completed by a contractor.

I attest that the statements and information contained in this State-based Marketplace Annual Reporting Tool (SMART), and the documents submitted in conjunction with this report accurately represent the Exchange's compliance with regulatory requirements.

○ YES ○ NO

STATE:

ELECTRONIC SIGNATURE OF
EXECUTIVE DIRECTOR OR
CHIEF EXECUTIVE OFFICER:

DATE:

PRINT NAME:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Bethesda, MD 20814

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995 (PRA), 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 0938-1244. This information collection is required for states electing to operate a State Exchange. CMS will use information provided by states collected through the State-based Exchange Annual Reporting Tool (SMART) to evaluate compliance with Exchange regulatory requirements and standards. This report includes attestations of compliance with Affordable Care Act (ACA) requirements, attestations of compliance with eligibility and enrollment requirements, performance monitoring data, and the annual financial statement and external financial and programmatic audit report. The time required to complete this information collection is estimated to average 210 hours per response for SBEs and 191 for State-based Exchanges on the Federal Platform (SBE-FPs), including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection.
This information collection is required for states wanting to operate a State Exchange pursuant to 45 CFR §§ 155.1200 and 155.1210 and is private/confidential to the extent permitted by law. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

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