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Department of Health and Human Services



Centers for Medicare & Medicaid Services

Eligibility and Enrollment Blueprint – Exchange Business Architecture Supplement

Draft

Version 1.0

May 3, 2011

Foreword

The *Eligibility and Enrollment Blueprint – Exchange Business Architecture Supplement*, Version 1.0, provides the initial description of the business architecture for the Exchange Eligibility & Enrollment business area for use in discussions with states and federal partners. This document identifies and defines the major Eligibility & Enrollment business functions, processes, and services to be implemented by Exchanges. It is intended to provide information initially for grantees, does not constitute official guidance or policy, and is subject to change in the future.

The Centers for Medicare & Medicaid Services (CMS) has reviewed and accepted the *Eligibility and Enrollment Blueprint* as a foundational component of the Exchange Architecture in accordance with the CMS information technology (IT) governance process.

The CMS Deputy Chief Information Officer leads the development of this Architecture with the support of all components of the IT staff and contractors.

Any changes to the Exchange Architecture must be approved by the CMS Chief Information Officer.

Henry Chao
Deputy Chief Information Officer
Centers for Medicare & Medicaid Services

Date

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Record of Changes

Number	Date	Reference	A=Add, M=Modify, D=Delete	Description of Change	CR #
1	March 23, 2011	All	M/D	Draft v 0.6 for CMS/IRS review and comment	NA
2	May 3, 2011	All	M/D	Draft v 1.0 for State review	NA

CR: Change Request

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1. Introduction

The Patient Protection and Affordable Care Act of 2010¹ (hereafter simply the “Affordable Care Act”) provides for each state to have a health insurance Exchange. An Exchange is an organized marketplace to help consumers and small businesses buy health insurance in a way that permits easy comparison of available plan options based on price, benefits and services, and quality. Consumers seeking health care coverage will be able to go the health insurance Exchanges to obtain comprehensive information on coverage options currently available and make informed health insurance choices. By pooling consumers, reducing transaction costs, and increasing transparency, Exchanges create more efficient and competitive health insurance markets for individuals and small employers.

The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is responsible for providing guidance and oversight for the Exchanges. This responsibility includes defining business, information, and technical guidance that will create a common baseline and a set of standards for health insurance Exchange implementations. CMS will focus this guidance on the key tradeoffs and technology choices necessary to create interoperable and coordinated Exchange services between the federal government and the states. CMS has established the *Exchange Reference Architecture: Foundation Guidance*, Version 1.0, to provide the business architecture, information architecture, and technical architecture for Exchanges. The business architecture will be described in a series of business architecture supplements.

CMS is participating in collaborative business analysis efforts to generate business blueprints for use in communicating Exchange operations to stakeholders and as the foundation for system design and development activities. A blueprint consists of detailed definitions of business processes, business services, and supporting data necessary to support the implementation of the services for each of the Exchange business areas. Blueprints provide a foundation for beginning detailed requirements as well as data and technical standards definition activities. CMS Chief Information Officer (CIO) staff is actively collaborating to develop the blueprints with business area Subject Matter Experts (SME) primarily from the CMS Policy team and other federal stakeholders. This *Eligibility and Enrollment Blueprint – Exchange Business Architecture Supplement* is the first in a series of business architecture blueprints to provide state and federal agencies with definitions of the major business functions, processes, and services to be implemented by Exchanges. This supplement is intended to provide information initially for grantees, does not constitute official guidance or policy, and is subject to change.

1.1 Purpose

This *Eligibility and Enrollment Blueprint – Exchange Business Architecture Supplement* describes the initial business architecture for the Eligibility & Enrollment (E&E) business area.

¹ Public Law 111-149, Patient Protection and Affordable Care Act, March 23, 2010, 124 Stat. 119, <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>

It identifies and defines major Eligibility & Enrollment business functions, processes, and services for use in discussions with states and federal partners for implementing Exchanges in support of individual eligibility for and enrollment in a qualified health plan (QHP), advance premium tax credits (APTC), cost-sharing reductions (CSR), and Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP).

This business architecture blueprint is intended to facilitate discussions with states to establish a shared understanding of the major business functions, processes, and services to be implemented by Exchanges. This initial version is a work in progress that CMS will revise periodically to reflect improved understanding of the needs and functions, processes, and services to be implemented by Exchanges.

1.2 Scope

This document addresses the major business processes for the Eligibility & Enrollment business area, including APTC; CSR; Medicaid, CHIP, and BHP; exemptions from the individual responsibility requirement; and the ability for small employers and their employees to participate in Small Business Health Option Programs (SHOP).

This document also identifies and defines *business services* representing the Eligibility & Enrollment functionality to be performed by Exchanges and by stakeholders interacting with Exchanges. The Data Services Hub (hereafter simply the "Hub") provides supporting business services with federal agencies. CMS will document the Hub integration with other federal stakeholders in a separate Business Architecture supplement.

This document is limited to addressing the Eligibility & Enrollment capabilities and services provided by Exchanges from the perspective of Exchanges; it incorporates only limited information concerning integration with Medicaid Eligibility & Enrollment. Subsequent versions of this document will capture results from discussions with states.

CMS will create a companion supplement for the Medicaid Eligibility & Enrollment Business Area from the perspective of Medicaid and CHIP agencies to further a shared understanding of the major business functions, processes, and services to be implemented by Medicaid, CHIP, and BHP.

1.3 Intended Audience

This supplement is intended for use by state business and IT personnel who are developing Exchange implementations in the states, and for use by their federal counterparts who are developing federal capabilities to support Exchange implementations.

The distribution of this document is available to all states; other federal agencies, including the HHS, Internal Revenue Service (IRS), other stakeholders responsible for implementing state Exchanges or for interacting with Exchange Environments, and supporting contractors.

1.4 The Exchange Blueprints

The business blueprint communicates Exchange operations through process models illustrating the interactions and information exchanges among functional activities and stakeholders (e.g.,

states, federal agencies, insurers, and employers) performing those activities. These depictions provide the foundation for understanding Exchange business functions, capabilities, and information needs to support those functions and capabilities. These depictions also provide the foundation for understanding stakeholder relationships and information exchanges to facilitate coordination and agreement among stakeholders concerning their respective roles, responsibilities, and information exchange needs.

As part of the Exchange Business Blueprints, CMS has developed:

- Business process models² that comprise process flow illustrations and metadata for describing aspects of the models, including functional descriptions of the process flows, activities, and associated capabilities to enable IT development. These descriptions include high-level business needs that will form the basis of requirements.
- A Business Process Hierarchy derived through identification of higher-level Exchange business processes represented in the process models
- Business Services derived through analysis of the stakeholder interactions and activities represented in the process models.

Blueprints are the primary vehicle for developing the business architecture viewpoints detailed in this Exchange Business Architecture supplement. These blueprints are preliminary and subject to change.

1.4.1 Overview of Business Process Model

CMS uses a business process model to organize Exchange business processes into categories (or tiers) of processes. The Exchange business process model provides a structured framework for grouping together business processes that have a common purpose and share data. Business processes within the business process model describe what the organization does and the results of those activities. The business process model identifies the hierarchical relationship among business areas and the underlying business processes comprising the business area.

Figure 1 illustrates the process model tiers adopted to identify the hierarchical relationship among Exchange business areas and related business processes. Business process categories at the top tier (Tier 1) are business areas. The lowest level of the hierarchy (Tier 3) simply identifies the business processes. The middle level of the hierarchy (Tier 2) identifies groupings of functionally aligned business processes. In some situations, Tier 2 may include no groupings; in other situations, Tier 2 may contain its own hierarchy of process groupings.

² Business Process Models do not include procedures, business rules, policy decisions, workflow, or performance standards.

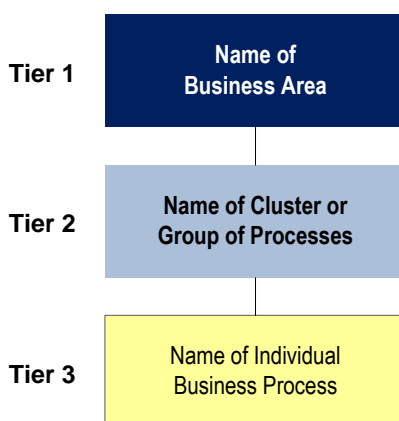


Figure 1. Exchange Business Process Model

1.4.2 Overview of Business Services Model

Each business process identified in the business process model is further decomposed into a collection of business services. Figure 2 illustrates the two types of business services addressed in this supplement and relationships.

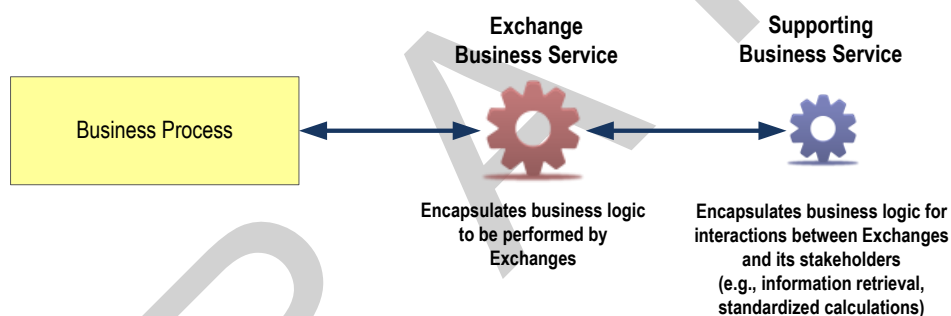


Figure 2. Business Services Model

Core business services (CBSs) encapsulate the business logic required by business processes that are performed by the Central Actor. The business logic needed by a business process may be provided in one or more core business services. Similarly, the business logic encapsulated in a core business service may be reused by multiple business processes. The collection of core business services associated with a business process is intended to represent the breadth of the business functionality and logic associated with the process. For instance, when the Exchange is the central actor, the collection of CBSs represents the breadth of business functionality performed by the Exchange. It is envisioned that Central Actors will implement core business services and leverage reuse opportunities to the maximum extent possible.

Supporting business services (SBSs) encapsulate the business logic for specific interactions between Central Actors and their stakeholders. Business logic performed by supporting business services includes information retrievals, information transfers, and specific operations. Supporting business services perform the business logic needed by a business process through their association with core business services. Supporting business services may be utilized by

multiple core business services. Similarly, the business logic encapsulated in a supporting business service may be reused by multiple core business services (and associated business processes). It is envisioned that Central Actors and stakeholders will agree on interoperability standards, and that stakeholders and Central Actors will work together to define, develop, and integrate supporting business services and leverage reuse opportunities to the maximum extent possible.

1.5 Additional Activities for Refinement of the Eligibility & Enrollment Business Architecture

CMS invites feedback from states about the proposed Eligibility & Enrollment business architecture. CMS and the states collaborating in the implementation of Exchanges will:

- **Review** this document thoroughly
- **Engage** in discussions regarding approaches and integration points required to support the operation of a state Exchange (Issuers, Medicaid, CHIP, State Department of Insurance, etc.)
- **Identify** opportunities for business service reuse across state and federal health programs
- **Provide** feedback to CMS regarding proposed Exchange business architecture
- **Review and revise** business processes as follows:
 1. When comments from states and other stakeholders are available,
 2. When regulation development is complete, and
 3. When results from Funding Opportunity Announcement (FOA) pilots are available.

CMS recognizes that effective guidance for service implementation will require more detailed business services specifications. Therefore, CMS invites feedback on the business processes and business services identified in this document. In particular, CMS seeks state feedback on the Data Services Hub functions and the supporting business services that federal agencies will provide. This feedback will be valuable to CMS in the subsequent refinement of the concepts and capabilities described in this preliminary version.

1.6 Document Organization

This document is organized as follows:

Section		Purpose
Section 2:	Eligibility & Enrollment Business Area Overview	Presents an overview of the Eligibility & Enrollment business area and the envisioned stakeholder interactions supporting this business area.

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Section		Purpose
Section 3:	Eligibility & Enrollment Business Process Model	Describes the Eligibility & Enrollment business process model for each of the major functional areas: Individual Eligibility & Enrollment, Individual Responsibility Exemption, SHOP Exchange Employer Eligibility & Enrollment, and SHOP Exchange Employee Eligibility & Enrollment.
Section 4:	Eligibility & Enrollment Information Model	Defines the information entities used by the Eligibility & Enrollment business area and maps them to the business services described in Section 5.
Section 5:	Eligibility & Enrollment Business Service Model	Describes the business services enabling the Eligibility & Enrollment business processes and identifies services that are candidates for sharing within and across Exchanges.
Acronyms		Defines the acronyms used in this document.
List of References		Presents the references used in the preparation of this document.

2. Eligibility & Enrollment Business Area Overview

The Eligibility & Enrollment business area comprises a collection of business processes that facilitate application acceptance, eligibility determination, enrollment, renewal, and eligibility appeal activities. These activities support individual eligibility and enrollment; exemptions from the individual responsibility requirement; and the ability for small employers and their employees to participate in SHOP. Figure 3 depicts the four major functional process groupings that comprise the Eligibility & Enrollment business area.

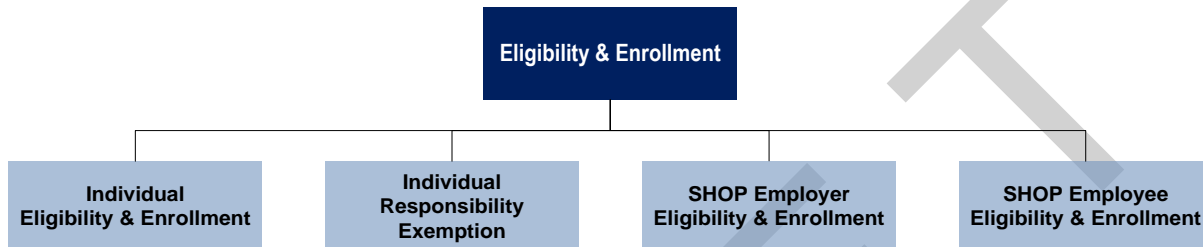


Figure 3. Eligibility & Enrollment Major Functional Process Groupings

Individual Eligibility and Enrollment – encompasses all the Exchange functions required to accept applications; verify individual and household information; determine eligibility for enrollment in a qualified health plan—and, if applicable, determine eligibility for APTC, CSR, and Medicaid, CHIP, and the Basic Health Program; and support an individual’s selection of and enrollment in a qualified health plan. It also includes functions to process changes to eligibility during the coverage year, renew eligibility and enrollment, disenroll from a qualified health plan, and accept and process appeals of eligibility decisions.

Individual Responsibility Exemption – encompasses all Exchange functions required to accept applications, verify relevant individual and household information, and determine eligibility for an exemption from the individual responsibility requirement. It also includes functions to renew exemptions and accept and process appeals of exemption determinations.

SHOP Employer Eligibility and Enrollment – encompasses all Exchange functions required to accept employer applications, verify relevant information, determine eligibility for an employer to participate in the SHOP Exchange, and support an employer’s facilitation of an employee’s selection of a qualified health plan through the SHOP Exchange. It also includes functions to renew eligibility and enrollment, discontinue participation in the SHOP Exchange, and accept and process appeals of eligibility decisions.

SHOP Employee Eligibility and Enrollment – encompasses all Exchange functions required to accept employee applications, verify relevant information, determine eligibility for employee enrollment in a qualified health plan through the SHOP Exchange, and support an employee’s selection of and enrollment in a qualified health plan through the SHOP Exchange. It also includes functions to renew eligibility and enrollment, disenroll from a qualified health plan, and accept and process appeals of eligibility decisions.

2.1 Roles and Responsibilities

Table 1 lists the preliminary roles and responsibilities of the Exchange and its major stakeholders. The preliminary roles and responsibilities are drawn from the statute. The interactions noted in Table 2 are a work in progress and will continue to be revised through stakeholder engagement and feedback.

Table 1. Stakeholder Roles and Responsibilities

Stakeholder	Roles and Responsibilities
Exchange	<ul style="list-style-type: none"> • Receives individual applications online, by telephone, or on paper (including in person) • Utilizes a single streamlined application for APTC, CSR, Medicaid, CHIP, and BHP. • Confirms that submitted individual applications are complete and information is valid • Creates and manages individual accounts • Verifies individual and household information for use in eligibility determinations • Determines individual eligibility for enrollment in a qualified health plan • If applicant requests financial assistance, determines individual eligibility for APTC, CSR, and Medicaid, CHIP, and the Basic Health Program based on MAGI • Conducts screening to identify individuals who may qualify for Medicaid, CHIP, and the Basic Health Program based on criteria other than MAGI and refers such individuals to the appropriate agency • Provides information about available qualified health plans • Enables individual review, selection, and enrollment in a qualified health plan • Notifies individuals of the results of eligibility determinations and provides information on eligibility appeal rights • Coordinates periodic eligibility redetermination and enrollment renewal • Provides means for individuals to communicate changes, including but not limited to, new employment, change of dependents, or other circumstances affecting eligibility; verifies reported changes; and adjusts eligibility and enrollment accordingly • Notifies Issuer of individual or employee disenrollment from a qualified health plan • Notifies Issuer of employer withdrawal from SHOP Exchange • Terminates individual qualified health plan enrollment when individual no longer meets the conditions for participation • Determines individual eligibility for exemptions from the individual responsibility requirement • Accepts and adjudicates individual appeals regarding eligibility determinations and exemptions from the individual responsibility requirement; <i>The Exchange role and responsibilities in support of this process is to be determined</i> • Provides reports and data with privacy protections, as required • Communicates with the Data Services Hub
Individual	<ul style="list-style-type: none"> • Submits application to initiate eligibility and enrollment process • Provides supporting documentation to Exchange as needed • Initiates eligibility appeals process if not satisfied with Exchange eligibility determination • Compares available qualified health plans • Selects qualified health plan • Provides other information to complete enrollment

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Stakeholder	Roles and Responsibilities
	<ul style="list-style-type: none"> • Updates personal information when changes occur • Renews enrollment • Notifies Issuer or Exchange of disenrollment • Submits application for exemption from individual responsibility requirement
Navigator	<p>On behalf of individuals, employees, and employers, provides support in the following areas:</p> <ul style="list-style-type: none"> • Submits application to initiate eligibility and enrollment process • Provides supporting documentation to Exchange as requested • Initiates eligibility appeals process if not satisfied with Exchange eligibility determination • Selects qualified health plan • Provides other information to complete enrollment • Updates personal information when changes occur • Renews enrollment • Notifies Issuer or Exchange of disenrollment • Submits application for exemption from individual responsibility requirement • Provides reports and data with privacy protections, as required
Employer	<ul style="list-style-type: none"> • Submits application to participate in SHOP Exchange • Provides supporting documentation to Exchange as requested • Initiates eligibility appeals process if not satisfied with eligibility determination • Updates information when changes occur • Selects participation options such as employer contribution and pre-tax payment • Renews participation in the SHOP Exchange • Notifies Exchange of withdrawal from SHOP Exchange • Notifies employees of availability of health insurance through SHOP Exchange • Provides reports and data with privacy protections, as required
Issuer	<ul style="list-style-type: none"> • Provides plan information to Exchange • Receives and acknowledges enrollment transactions from Exchange • Provides welcome packet and ID cards to individuals • Provides health insurance to individuals • Provides reports and data with privacy protections, as required
Data Services Hub	<ul style="list-style-type: none"> • Receives application information from the Exchange in order to provide verification results from authoritative federal sources [e.g., Social Security Administration (SSA), Department of Homeland Security (DHS)] back to the Exchange • Receives reports on eligibility determinations and determinations for individual responsibility exemption • Receives reports on individual enrollment from the Exchange to support payment of APTC and CSR • Receives reports on employer participation in the SHOP Exchange and employee enrollment in a qualified health plan • <i>Support of other functions or data integration is to be determined</i>

Stakeholder	Roles and Responsibilities
Medicaid, CHIP, Basic Health Program	<ul style="list-style-type: none"> Utilizes a single streamlined application for APTC, CSR, Medicaid, CHIP, and BHP. Ensures that an individual who is determined eligible for Medicaid, CHIP, or the Basic Health Program by the Exchange receives coverage without delay Sends individual application to Exchange if determined not eligible for Medicaid, CHIP, or Basic Health Program but potentially eligible for Exchange Receives referrals of potentially eligible individuals from the Exchange, requests additional information from individuals, determines eligibility, and notifies the Exchange of the result Responds to inquiries from Exchange regarding whether an applicant is already enrolled in Medicaid, CHIP, or the Basic Health Program Provides reports and data with privacy protections, as required
Other Information Sources To Be Determined	<ul style="list-style-type: none"> Supports the verification of applicant (individual and employer) information. Provides reports and data with privacy protections, as required

2.2 Exchange Interactions

Table 2 provides a preliminary summary of the major interactions between the Exchange and key stakeholders in support of the Eligibility and Enrollment operations. The interactions noted in Table 2 are a work in progress and will continue to be revised through stakeholder engagement and feedback.

Table 2. Stakeholder-Exchange Interactions

Stakeholder Interacting with the Exchange	Description of Stakeholder-Exchange Interaction
Individual / Employee	<ul style="list-style-type: none"> The individual interacts with the Exchange to apply, select, and enroll in a qualified health plan (along with APTC, CSR), and Medicaid, CHIP, and the Basic Health Program, or apply for an exemption from the individual responsibility requirement. The individual interacts with the Exchange to make updates to their personal information that may result in changes to the individual's eligibility and enrollment. The individual provides additional documentation as requested by the Exchange (i.e., proof of citizenship, income, etc.) if electronic verification is not successful. If the individual is an employee of an employer that offers health coverage through the Exchange, the individual interacts with the SHOP Exchange to apply for, select, and enroll in a qualified health plan. Upon receiving a determination of eligibility or exemption from the individual responsibility requirement, the individual or employee may initiate the eligibility appeals process.
Navigator	<ul style="list-style-type: none"> The navigator assists individuals and employees throughout the process of applying for coverage in a qualified health plan, individuals applying for an exemption from the individual responsibility requirement, and employers applying for participation in the SHOP Exchange.
Employer	<ul style="list-style-type: none"> The employer interacts with the SHOP Exchange when seeking health insurance coverage for its employees. The employer that chooses to participate in the SHOP Exchange prepares an application, determines employer contribution, and facilitates employee's selection of a qualified health plan.

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Stakeholder Interacting with the Exchange	Description of Stakeholder-Exchange Interaction
	<ul style="list-style-type: none"> • The employer interacts with the SHOP Exchange when making changes regarding employees covered. • If an employer is determined ineligible for the SHOP Exchange, the employer may initiate the eligibility appeals process. • If an employee is determined eligible to receive an APTC, an employer may initiate the eligibility appeals process.
Issuer	<ul style="list-style-type: none"> • The issuer receives a notification from the Exchange each time an individual who is eligible to enroll in a qualified health plan selects a qualified health plan offered by that issuer. • The issuer provides coverage to an eligible individual who enrolls in a qualified health plan offered by that issuer. • The issuer receives applicable updates and notifications when an individual has changes in eligibility or disenrolls through the Exchange. • The issuer receives notifications from the SHOP Exchange when the employer no longer participates in the SHOP Exchange.
Data Services Hub	<ul style="list-style-type: none"> • The Data Services Hub receives application information from the Exchange in order to provide verification results from authoritative federal sources (e.g., SSA, DHS) back to the Exchange. • The Data Services Hub receives reports on eligibility determinations and determinations for individual responsibility exemption from the Exchange. • The Data Services Hub receives reports on individual enrollment from the Exchange to support payment of APTC and CSR. • The Data Services Hub receives reports on employer participation in the SHOP Exchange and employee enrollment in a qualified health plan from the Exchange. • <i>The extent to which the Data Services Hub can support other functions and stakeholders or data integration is to be determined.</i>
Medicaid, CHIP, and the Basic Health Program	<ul style="list-style-type: none"> • Medicaid, CHIP, and the Basic Health Program receive individual applicant information from the Exchange in order to provide information back to the Exchange regarding an applicant's existing health coverage. • Medicaid, CHIP, and the Basic Health Program receive individual applicant information from the Exchange when individuals have been determined eligible or potentially eligible for coverage through these programs. • Medicaid, CHIP, and the Basic Health Program ensure that an individual who is determined eligible for Medicaid, CHIP, or the Basic Health Program by the Exchange receives coverage without delay. • Medicaid, CHIP, and the Basic Health Program inform the Exchange regarding individual eligibility determinations for individuals who were referred to such programs from the Exchange for additional screening. • The Exchange receives individual applicant information from Medicaid, CHIP, and the Basic Health Program for individuals that have been determined ineligible for such programs but may be eligible for the Exchange.
Other Information Sources To Be Determined	<ul style="list-style-type: none"> • Other information sources may be necessary for use in verification and other information retrievals.

3. Eligibility & Enrollment Business Process Model

The Eligibility & Enrollment Business Process Model provides a preliminary description of the major process groupings and processes for the Eligibility & Enrollment business area.

3.1 Business Process Overview

The Eligibility & Enrollment business area consists of four (4) functional process groupings: Individual Eligibility & Enrollment, Individual Responsibility Exemption, and SHOP Employer Eligibility & Enrollment, and SHOP Employee Eligibility & Enrollment. As depicted in Figure 4, there are distinct lower-level logical process groupings under each functional process grouping: Application Submission, Eligibility Determination, Enrollment / Participation, Renewal and Appeal.

Figure 4 illustrates the business process model showing the major Tier 2 business process groupings comprising the Eligibility & Enrollment business area.

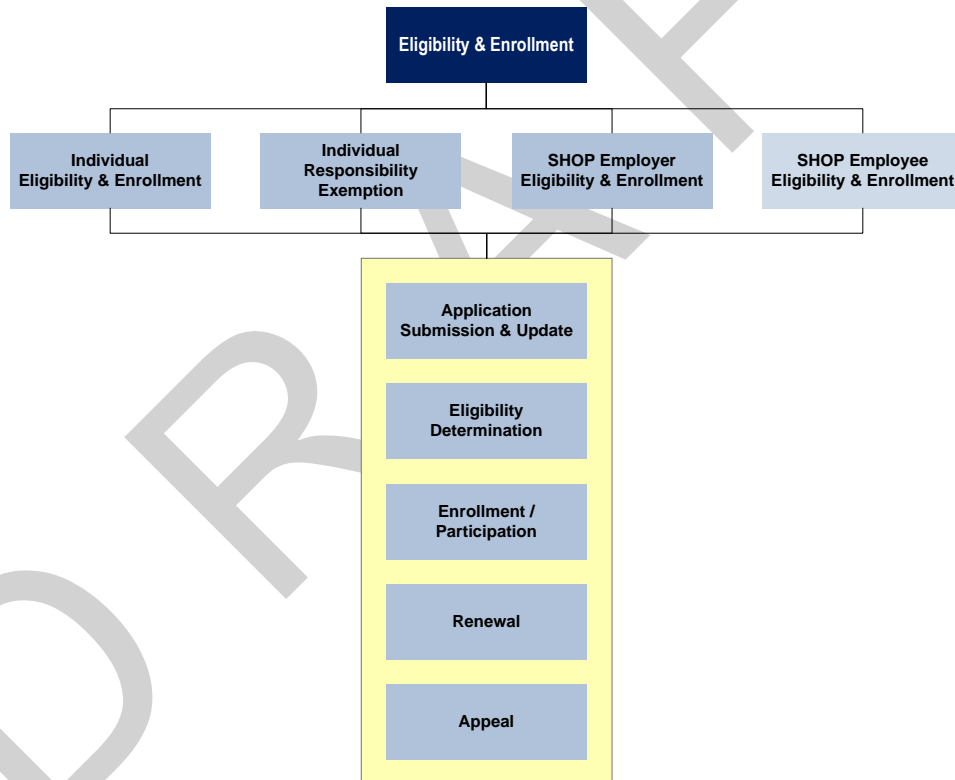


Figure 4. Eligibility & Enrollment Tier 2 Business Process Model

The Tier 3 business processes for each of the Eligibility & Enrollment logical process groupings appear in Table 3.

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Table 3. Eligibility & Enrollment Business Processes

Logical Process Grouping	Business Area	Business Process
Application Submission & Update	Individual Eligibility & Enrollment	BP-EE:10 Prepare / Update Individual Eligibility Application
	Individual Responsibility Exemption	BP-EE:20 Prepare / Update Individual Exemption Application
	SHOP Employer Eligibility & Enrollment	BP-EE:30 Prepare / Update Employer Eligibility Application
	SHOP Employee Eligibility & Enrollment	BP-EE:40 Prepare / Update Employee Eligibility Application
Eligibility Determination	Individual Eligibility & Enrollment	BP-EE:11 Verify Individual Eligibility Application Information BP-EE:12 Determine Individual Eligibility
	Individual Responsibility Exemption	BP-EE:21 Verify Individual Exemption Application Information BP-EE:22 Determine Individual Exemption Eligibility
	SHOP Employer Eligibility & Enrollment	BP-EE:31 Verify Employer Eligibility Application Information BP-EE:32 Determine Employer Eligibility for Participation
	SHOP Employee Eligibility & Enrollment	BP-EE:41 Verify Employee Eligibility Application Information BP-EE:42 Determine Employee Eligibility
Enrollment / Participation	Individual Eligibility & Enrollment	BP-EE:13 Enroll Individual in Qualified Health Plan BP-EE:14 Disenroll Individual from Qualified Health Plan
	SHOP Employer Eligibility & Enrollment	BP-EE:33 Determine Employer Contribution BP-EE:34 Terminate Employer Participation
	SHOP Employee Eligibility & Enrollment	BP-EE:43 Enroll Employee in Qualified Health Plan BP-EE:44 Disenroll Employee from Qualified Health Plan
Renewal	Individual Eligibility & Enrollment	BP-EE:15 Renew Individual Eligibility and Enrollment
	Individual Responsibility Exemption	BP-EE:25 Renew Individual Exemption Eligibility

Logical Process Grouping	Business Area	Business Process
	SHOP Employer Eligibility & Enrollment	BP-EE:35 Renew Employer Participation
	SHOP Employee Eligibility & Enrollment	BP-EE:45 Renew Employee Eligibility and Enrollment
Appeal	Individual Eligibility & Enrollment	BP-EE:16 Appeal Exchange Eligibility Decision
	Individual Responsibility Exemption	BP-EE:16 Appeal Exchange Eligibility Decision
	SHOP Employer Eligibility & Enrollment	BP-EE:36 Appeal SHOP Eligibility Decision
	SHOP Employee Eligibility & Enrollment	BP-EE:36 Appeal SHOP Eligibility Decision

Many of the processes identified within the logical process groupings are similar. For instance, the BP-EE:10 – Prepare / Update Individual Eligibility Application and BP-EE:20 – Prepare / Update Individual Exemption Application performs similar activities for receiving and validity-checking an application. Consequently, many of the same services described in Section 5 are associated with each of these business processes.

Note that the Appeal Exchange Eligibility Decision business process is the same process for the Individual Eligibility & Enrollment and Individual Responsibility Exemption functional groupings. Similarly, the Appeal SHOP Eligibility Decision is the same process for SHOP Employer and SHOP Employee.

3.2 Individual Eligibility & Enrollment Business Processes

Table 4 presents a preliminary description of each of the Individual Eligibility & Enrollment business processes consistent with the requirements of the Affordable Care Act. Each of these processes provides similar capabilities to maintain account information and transaction history, produce reports, and provide data, as appropriate.

Table 4. Individual Eligibility & Enrollment Business Process Definitions

Business Process	Business Process Description	Services Cross-Reference
BP-EE:10 – Prepare / Update Individual Eligibility Application	Collects initial and updated application information from an individual necessary to determine eligibility for enrollment in a qualified health plan, APTC, CSR, and Medicaid, CHIP, and the Basic Health	Subsection 5.2.1

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Business Process	Business Process Description	Services Cross-Reference
	Program. Application information includes details about each member of the household.	
BP-EE:11 – Verify Individual Application Information	Verifies the information provided on the application with data needed to determine eligibility. This process includes verifying the applicant's citizenship, immigration status, incarceration status, and other relevant checks.	Subsection 5.2.2
BP-EE:12 – Determine Individual Eligibility	Determines the individual's eligibility for enrollment in a qualified health plan, and if applicable, APTC, CSR, and Medicaid, CHIP, and the Basic Health Program. This process may include evaluating eligibility based on MAGI and household size.	Subsection 5.2.3
BP-EE:13 – Enroll Individual in Qualified Health Plan	Facilitates an eligible individual's selection of a qualified health plan and subsequent enrollment in the plan. Assesses whether an individual meets the requirements for an enrollment period, and if so, generates plan choice information that is customized to the individual's eligibility and personal preferences. Enrollment activities include notifying the issuer of the selected qualified health plan of the individual enrollment, facilitating payment of the first month's premium, notifying CMS to facilitate payments of APTC and CSR, and processing the issuer's response to the Exchange enrollment transaction.	Subsection 5.2.4
BP-EE:14 – Disenroll Individual from Qualified Health Plan	Disenrolls an individual from a qualified health plan. This process involves notifying interested parties of the disenrollment.	Subsection 5.2.5
BP-EE:15 – Renew Individual Eligibility and Enrollment	Handles the renewal of an individual's eligibility and enrollment, including re-determining the individual's eligibility for enrollment in a qualified health plan, APTC, CSR, and Medicaid, CHIP, and the Basic Health Program.	Subsection 5.2.6
BP-EE:16 – Appeal Exchange Eligibility Decision	<p>This process identifies key activities involved in appeals of eligibility determinations made by the Exchange, and includes providing notices to individuals, receiving appeal requests, adjudicating appeals, and implementing appeal decisions.</p> <p><i>The Exchange role and responsibilities in support of this process is to be determined.</i></p>	Subsection 5.2.7

Table 5 identifies the preliminary blueprint process flows associated with Individual Eligibility & Enrollment business processes.

Table 5. Individual Eligibility & Enrollment Blueprint Process Flow References

Business Process	Blueprint Process Flow Reference
BP-EE:10 – Prepare / Update Individual Eligibility Application	EEI-01: Prepare Initial Individual Application EEI-04: Update Individual Application

Business Process	Blueprint Process Flow Reference
BP-EE:11 – Verify Individual Application Information	EEI-02: Verify Individual Citizenship, Status as a National, or Lawful Presence EEI-05: Verify Individual Incarceration Status EEI-08: Verify Whether Individual is an Indian EEI-09: Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage EEI-15: Verify Individual Residency in Exchange Service Area EEI-16: Verify Individual Eligibility for Other Public Minimum Essential Coverage EEI-17: Verify Household Income
BP-EE:12 – Determine Individual Eligibility	EEI-03: Determine Individual Exchange Eligibility EEI-10: Determine Individual Medicaid, CHIP and BHP Eligibility EEI-11: Determine Eligibility for Advance Premium Tax Credits and Cost Sharing Reductions EEI-18: Qualify Individual for Enrollment Period EEI-19: Communicate Eligibility Determination and Coordinate Enrollment Activities
BP-EE:13 – Enroll Individual in Qualified Health Plan	EEI-12: Select Individual Qualified Health Plan EEI-13: Communicate to Issuer Regarding Individual Enrollment in Qualified Health Plan EEI-20: Conduct Periodic Enrollment Reporting and Reconciliation
BP-EE:14 – Disenroll Individual from Qualified Health Plan	EEI-14: Disenroll Individual from Qualified Health Plan
BP-EE:15 – Renew Individual Eligibility and Enrollment	EEI-06: Renew Individual Eligibility and Enrollment
BP-EE:16 – Appeal Exchange Eligibility Decision	EEI-07: Appeal Individual Eligibility Decision

3.3 Individual Responsibility Exemption Business Processes

Table 6 presents a preliminary description of each of the Individual Responsibility Exemption business processes consistent with the requirements of the Affordable Care Act. Each of these processes provides similar capabilities to maintain account information and transaction history, produce reports, and provide data, as appropriate.

Table 6. Individual Responsibility Exemption Business Process Definitions

Business Process	Business Process Description	Services Cross-Reference
BP-EE:20 – Prepare / Update Individual Exemption Application	Collects initial and updated application information from an individual necessary to determine eligibility for individual exemptions from the individual responsibility requirement.	Subsection 5.2.8
BP-EE:21 – Verify Individual	Verifies the information provided on the application with trusted	Subsection

Business Process	Business Process Description	Services Cross-Reference
Exemption Application Information	data sources, and acquires other authoritative data needed to determine eligibility. This process varies depending on the reason for the exemption requested by an individual.	5.2.9
BP-EE:22 – Determine Individual Exemption Eligibility	Determines eligibility for exemptions from the individual responsibility requirement.	Subsection 5.2.10
BP-EE:25 – Renew Individual Exemption Eligibility	Handles the renewal of an individual's exemption from the individual responsibility requirement. Certain exemptions may not require renewal.	Subsection 5.2.11
BP-EE:16 – Appeal Exchange Eligibility Decision	This process identifies key activities involved in appeals of eligibility determinations made by the Exchange, and includes providing notices to individuals, receiving appeal requests, adjudicating appeals, and implementing appeal decisions. <i>The Exchange role and responsibilities in support of this process is to be determined.</i>	Subsection 5.2.7

Table 7 identifies the preliminary blueprint process flows associated with Individual Responsibility Exemption business processes.

Table 7. Individual Responsibility Exemption Blueprint Process Flow References

Business Process	Blueprint Process Flow Reference
BP-EE:20 – Prepare / Update Individual Exemption Application	IRE-01: Prepare Application for Exemption IRE-03: Update Application for Exemption
BP-EE:21 – Verify Individual Exemption Application Information	IRE-02: Verify Individual Exemption Application Information
BP-EE:22 – Determine Individual Exemption Eligibility	IRE-04: Determine Individual Exemption IRE-05: Report Status of Exemption
BP-EE:25 – Renew Individual Exemption Eligibility	IRE-06: Renew Individual Exemption
BP-EE:07 – Appeal Exchange Decision	EEL-07: Appeal Individual Eligibility Decision

3.4 SHOP Exchange Employer Eligibility & Enrollment Business Processes

Table 8 presents a preliminary description of each of the SHOP Exchange Employer Eligibility & Enrollment business processes consistent with the requirements of the Affordable Care Act. Each of these processes provides similar capabilities to maintain account information and transaction history, produce reports, and provide data, as appropriate.

Table 8. SHOP Exchange Employer Eligibility & Enrollment Business Process Definition

Business Process	Business Process Description	Services Cross-Reference
BP-EE:30 – Prepare / Update Employer Eligibility Application	Collects initial and updated application information from an employer necessary to determine eligibility for participation in a SHOP Exchange. Application information includes the employer's name and address, employer identifier, and roster of employees with work addresses. Employers must also provide an attestation that all full-time employees are offered coverage.	Subsection 5.2.12
BP-EE:31 – Verify Employer Eligibility Application Information	Verifies existence of the employer's federal identification number (EIN) and validity of the addresses contained in the employee roster.	Subsection 5.2.13
BP-EE:32 – Determine Employer Eligibility for Participation	Determines the employer's eligibility for participation in a SHOP Exchange.	Subsection 5.2.14
BP-EE:33 – Determine Employer Contribution	Facilitates plan selection options for the employees in accordance with the selected uniform enrollment timeframe. The employer also declares its contribution toward the cost of coverage and whether it elects to contribute through pretax payments. The employer communicates to the employee regarding the availability of coverage through the SHOP Exchange and guidelines for selecting and enrolling in a qualified health plan.	Subsection 5.2.15
BP-EE:34 – Terminate Employer Participation	Terminates an employer's participation in a SHOP Exchange initiated by the employer or by the Exchange if the employer is found to be negligent. Employees enrolled in qualified health plans are notified of their options. The issuer and CMS are also notified.	Subsection 5.2.16
BP-EE:35 – Renew Employer Participation	Handles the redetermination of eligibility for participation in the SHOP Exchange.	Subsection 5.2.17
BP-EE:36 – Appeal SHOP Eligibility Decision	This process identifies key activities involved in appeals of eligibility determinations made by the Exchange, and includes providing notices to employees and employers, receiving appeal requests, adjudicating appeals, and implementing appeal decisions. <i>The Exchange role and responsibilities in support of this process is to be determined.</i>	Subsection 5.2.18

Table 9 identifies the preliminary blueprint process flows associated with SHOP Exchange Employer Eligibility & Enrollment business processes.

**Table 9. SHOP Exchange Employer Eligibility & Enrollment Blueprint
Process Flow References**

Business Process	Blueprint Process Flow Reference
BP-EE:30 – Prepare / Update Employer Eligibility Application	SHOP-01: Prepare Employer Eligibility Application SHOP-06: Update Employer Eligibility Application
BP-EE:31 – Verify Employer Eligibility Application Information	SHOP-02: Verify Data on Employer Eligibility Application
BP-EE:32 – Determine Employer Eligibility for Participation	SHOP-03: Determine Employer Eligibility
BP-EE:33 – Determine Employer Contribution	SHOP-04: Determine Employer Contribution SHOP-05: Communicate Employer Insurance Options to Employees
BP-EE:34 – Terminate Employer Participation	SHOP-09: Terminate Employer Participation in Exchange
BP-EE:35 – Renew Employer Participation	SHOP-08: Redetermine / Renew Employer Participation in Exchange
BP-EE:36 – Appeal SHOP Eligibility Decision	SHOP-07: Appeal SHOP Eligibility Decision

3.5 SHOP Exchange Employee Eligibility & Enrollment Business Processes

Table 10 presents a preliminary description of each of the SHOP Exchange Employee Eligibility & Enrollment business processes consistent with the requirements of the Affordable Care Act. Each of these processes provides similar capabilities to maintain account information and transaction history, produce reports, and provide data, as appropriate.

Table 10. SHOP Exchange Employee Eligibility & Enrollment Business Process Definition

Business Process	Business Process Description	Services Cross-Reference
BP-EE:40 – Prepare / Update Employee Eligibility Application	Collects initial and updated application information from an employee necessary to determine eligibility for enrollment through a SHOP Exchange.	Subsection 5.2.19
BP-EE:41 – Verify Employee Eligibility Application Information	Verifies existence of the employees home and work addresses with trusted data sources and validates the identifier associating the employee with the employer.	Subsection 5.2.20

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Business Process	Business Process Description	Services Cross-Reference
BP-EE:42 – Determine Employee Eligibility	Determines the employee's eligibility for enrollment in a SHOP Exchange.	Subsection 5.2.21
BP-EE:43 – Enroll Employee in Qualified Health Plan	Assesses whether an employee meets the requirements for an enrollment period, and if so, generates plan choice information. Enrollment activities may include notifying the issuer of the employee's selected qualified health plan, facilitating payment of the first month's premium, and processing the issuer's response to the Exchange enrollment transaction. The Exchange notifies CMS of the employee's enrollment in a qualified health plan.	Subsection 5.2.22
BP-EE:44 – Disenroll Employee from Qualified Health Plan	Disenrolls an employee from a qualified health plan. This process involves notifying interested parties of the disenrollment.	Subsection 5.2.23
BP-EE:45 – Renew Employee Eligibility and Enrollment	Handles the renewal of an employee's eligibility and enrollment in a qualified health plan.	Subsection 5.2.24
BP-EE:36 – Appeal SHOP Eligibility Decision	This process identifies key activities involved in appeals of eligibility determinations made by the Exchange, and includes providing notices to employees and employers, receiving appeal requests, adjudicating appeals, and implementing appeal decisions. <i>The Exchange role and responsibilities in support of this process is to be determined.</i>	Subsection 5.2.18

Table 11 identifies the preliminary blueprint process flows associated with SHOP Exchange Employee Eligibility & Enrollment business processes.

**Table 11. SHOP Exchange Employee Eligibility & Enrollment Blueprint
Process Flow References**

Business Process	Blueprint Process Flow Reference
BP-EE:40 – Prepare / Update Employee Eligibility Application	SHOP-10: Prepare Employee Eligibility & Enrollment Application SHOP-15: Update Employee Eligibility Application
BP-EE:41 – Verify Employee Eligibility Application Information	SHOP-11: Verify Data on Employee Eligibility Application
BP-EE:42 – Determine Employee Eligibility	SHOP-12: Determine Employee Eligibility
BP-EE:43 Enroll Employee in Qualified Health Plan	SHOP-13: Select Qualified Health Plan SHOP-14: Enroll Employee in Qualified Health Plan
BP-EE:44 – Disenroll Employee from Qualified Health Plan	SHOP-18: Disenroll Employee from Qualified Health Plan

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Business Process	Blueprint Process Flow Reference
BP-EE:45 – Renew Employee Eligibility and Enrollment	SHOP-17: Renew Employee Participation in Exchange
BP-EE:36 – Appeal SHOP Eligibility Decision	SHOP-07: Appeal SHOP Eligibility Decision

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4. Eligibility & Enrollment Information Model

Table 12 provides a preliminary definition of the major information entities used or created by the Eligibility & Enrollment business processes.

Table 12. Eligibility & Enrollment Entities

Major Entities	Entity Description	Data Standardization Considerations
Eligibility Appeal Decision	The eligibility appeal process results in an adjudicated appeal decision that includes the appeal case, supporting documentation, findings and decisions reached during the eligibility appeals process.	Standardizing the information associated with eligibility appeal requests, cases, and decisions will help facilitate information sharing between Exchanges and federal partners, as necessary.
Eligibility Appeal Request	Refers to a request from an individual, employee or employer to appeal the eligibility determination. Also refers to a request from an individual to appeal the individual responsibility exemption eligibility determination.	
Employee Application for Coverage through SHOP Exchange	Employee applications are submitted by employees who are seeking coverage through the SHOP Exchange; they include identifying information about an employee and other individuals included in the applications for SHOP Employee Eligibility & Enrollment. Application information includes employee name, address and contact information, Social Security Number (SSN), and employer information.	CMS is identifying data elements to be included in a single streamlined application form for use with APTC, CSR, Medicaid, CHIP, and BHP. Standardizing employee application data is important in facilitating information transfers between Exchanges, Medicaid, CHIP, and BHP, and stakeholders.
Employee Roster	List of employees and their work addresses for those employees eligible for participation in the SHOP Exchange. The Employee Roster is provided by the Employer.	Standardizing Employee Roster data will be beneficial in facilitating information transfers between Exchanges and employers.
Employer Application for Participation in SHOP Exchange	Employer applications are submitted by employers seeking participation in the SHOP Exchange in order to offer coverage to their employees through the SHOP Exchange. Employer applications include employer name, address and contact information, federal Employer Identification Number (EIN), and the name, address and other identifying information of each employee participating in the SHOP Exchange.	CMS is identifying data elements to be included in a single streamlined application form for use with APTC, CSR, Medicaid, CHIP, and BHP. Standardizing employee application data is important in facilitating information transfers between Exchanges, Medicaid, CHIP, and BHP, and stakeholders.

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Major Entities	Entity Description	Data Standardization Considerations
Account ³	<p>The Account encapsulates all information about individuals, employees, and employers as they pass through the eligibility and enrollment process. Includes information contained on the application as well as determinations and calculations made through the Eligibility & Enrollment process. The Account includes the following kinds of information:</p> <ul style="list-style-type: none"> • Applications including household membership, identifiers and supporting information • Employee Roster information used in the SHOP Employer eligibility process • Verification results • Eligibility and exemption determination results • Status of eligibility, enrollment, and renewal processes, including updates • Referrals to Medicaid, CHIP and the Basic Health Program and outcomes • Financial determinations including APTC and CSR • Appeal requests and decisions • History of transactions involving the applicant and account • Notices about eligibility 	Standardizing this information is important in facilitating information transfers between Exchanges and stakeholders.
Individual Application	Individual applications include identifying information for Individual Eligibility & Enrollment. Application information includes individual name address and contact information, SSN, DHS ID (where applicable), and indication of request for financial assistance.	CMS is identifying data elements to be included in a single streamlined application form for use with APTC, CSR, Medicaid, CHIP, and BHP. Standardizing employee application data is important in facilitating information transfers between Exchanges, Medicaid, CHIP, BHP, and stakeholders.
Individual Exemption Application	Individual exemption applications include identifying information about the individual in the applications for Individual Responsibility Exemptions. Application information includes the individual's name, address and contact information, SSN, and reason and supporting information for the individual responsibility exemption.	CMS is identifying data elements to be included in a single streamlined application form for use with APTC, CSR, Medicaid, CHIP, and BHP. Standardizing employee application data is important in facilitating information transfers between Exchanges, Medicaid, CHIP and BHP, and stakeholders.

³ Personally Identifiable Information (PII) and Federal Taxpayer Information (FTI) handled by the Exchange must be protected in accordance with applicable standards for privacy and security established in the Exchange Security Architecture document.

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Major Entities	Entity Description	Data Standardization Considerations
Notification	The eligibility and enrollment business area involves a number of different notifications between the Exchange and other stakeholders. Refer to the information tab in the business blueprint workbook for more information about the different notifications and the stakeholders involved.	Standardizing content of messages will improve consistency of communication to consumers within and across Exchanges.
Qualified Health Plan	Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by an Exchange provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Exchange in which it is sold. Information about a qualified health plan includes such items as plan identifying information, status, service area, covered benefits, rates, rate justification data, quality rating, provider network and formulary.	Standardizing data about qualified health plans can be beneficial to enable comparison of plans and transfer of plan data among issuers, Exchanges, and other stakeholders.
SHOP Exchange Program	The SHOP Exchange is established by a state to provide qualified health plans to employees.	Standardizing data about qualified health plans can be beneficial to enable comparison of plans.
SHOP Enrollment Guidelines	SHOP Enrollment Guidelines are provided to the employer by the Exchange for dissemination to employees. The guidelines include the timeframe for employee enrollment, costs for employer and employee, and details on how the employee can participate in the Exchange.	
Current Income Data	Refers to current income data information that the Exchange may use to validate an applicant's income to the extent that an applicant is using an alternate income verification process. <i>The alternative income verification process is still in development.</i>	May be dictated by third-party data provider standards.

The information needs listed in Table 12 will be further addressed in the *Conceptual Data Model and Data Sources—Exchange Reference Architecture Supplement* (in development) and may change as a result of the Conceptual Data Model.

5. Eligibility & Enrollment Business Services Model

The Exchange Business Services for the Eligibility & Enrollment business area captures the business logic required by a business process. The Supporting Business Services encapsulate the business logic for interactions between Exchanges and its stakeholders involving data retrievals and transfers, verifications, and other operations. It is envisioned that Exchanges will gain operational efficiencies by reusing Exchange Business Services and Supporting Business Services where appropriate.

This section presents the preliminary definitions for the Exchange Business Services and the associated Supporting Business Services, and notes occurrences of business service reuse.

5.1 Business Service Definitions

The CMS Business Team analyzed the business process flows noted in subsection 3.6 to identify the business services that comprise the breadth of Eligibility & Enrollment business functionality. Subsections 5.1.1 and 5.1.2, respectively, provide the preliminary definitions of the Exchange Business Services and Supporting Business Services for this business area.

Table 13 provides a summary description of information captured about business services.

Table 13. Business Service Elements Definitions

Element	Description	Business Services Definition Table
Business Service Name	Name of the Exchange or supporting business service.	Both
Description	Brief description of the business service purpose and operation.	Both
Service Owner	Stakeholder identified as responsible for providing the business service. <i>In the case of Exchange business services, the Exchange is always the service owner.</i>	Supporting
Input Entities	Major information provided as input to the business service.	Both
Outcome	Outcome or information produced as a result of the business service operation.	Both
Authoritative Sources	Identifies the authoritative source of data used or provided by the service and identifies the authoritative source of derived data resulting from the service.	Supporting
Automation Indicator	Indicates whether service is anticipated to be automated, performed manually, or a combination of the two.	Both

5.1.1 Exchange Business Services

Exchange Business Services identify the functionality performed by the Exchange in carrying out Eligibility & Enrollment business processes. Exchange Business Services may include partially automated business process workflows involving interactions with Exchange operations staff and stakeholders as well as fully automated business rules processing.

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Table 14 provides a preliminary description of the Exchange Business Services identified for the Eligibility & Enrollment business area. (The business services are listed alphabetically based on the service name.) Note that the specific approaches for many of the Exchange Business Services described below are still under development. For example, specific data sources to support certain verification steps have not been identified. Additional guidance and information will be released as it becomes available.

Table 14. Eligibility & Enrollment Exchange Business Services

Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
CBS-EXCH-EE:01 – Validate Application Submission	<p>Performs line-level edits to validate basic integrity of the application submission. Includes validating that required fields are completed and information provided is accurate (e.g., address validity).</p> <p>Envisioned as a generalized service that will apply to all application submissions and updates for Individual Eligibility & Enrollment, Individual Responsibility Exemption, and SHOP Exchange Eligibility & Enrollment (employer and employee).</p>	Individual Application, Individual Responsibility Exemption Application, Employee Application for Coverage through SHOP Exchange, or Employer Application for Participation in SHOP Exchange.	Status of validation with identification of fields that failed validation.	Automated
CBS-EXCH-EE:02 – Manage Account	<p>Creates and maintains accounts for individuals, employees, employers and entities that assist with applications (including Navigators). For individuals, employees, and employers, these accounts would include the application, application updates, supporting documentation, data verifications, eligibility determinations, enrollments, user credentials, and history of changes</p>	<p>Individual Application, Individual Responsibility Exemption Application, Employee Application for Coverage through SHOP Exchange, or Employer Application for Participation in SHOP Exchange.</p> <p>Findings and determinations from the Eligibility & Enrollment process, including verifications.</p>	Account updates, information retrievals, account history and reports.	Automated

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
	and notifications. Includes ability to create, retrieve, update, freeze, close, and report on accounts.			
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	Coordinates the review of supporting documentation provided by the individual to substantiate status.	Alternative documentation provided by the individual.	Account updated with supporting documentation. Status determination resulting from adjudication of alternative documentation.	Mixed
CBS-EXCH-EE:04 – Process Individual Eligibility & Enrollment Renewal Request	Coordinates the renewal of an individual's eligibility and enrollment including re-determination of the individual's eligibility for enrollment in a qualified health plan; APTC; CSR; and Medicaid, CHIP, and the Basic Health Program.	Account information for the individual applicant, including individuals currently enrolled in a qualified health plan, current enrollment status, and Modified Adjusted Gross Income (MAGI) from IRS for individuals requesting screening for financial assistance. Individual Application updates containing self-reported changes.	Completion of the renewal process including eligibility redetermination and enrollment in and/or disenrollment from a qualified health plan.	Mixed
CBS-EXCH-EE:06 – Verify Lawful Presence	Verifies individual's lawful presence (including citizenship and status as a national). Involves interaction with the Data Services Hub to determine lawful presence through interaction with SSA and DHS. In the event SSA and DHS are unable to substantiate an individual's lawful presence through automated inquiries, this service coordinates the review of documentation provided by the individual to substantiate status.	Account information for the individual applicant including attestation of lawful presence, including SSN and DHS ID (if applicable), and supporting documentation for use in supporting attestations, as needed.	Determination of individual's lawful presence.	Mixed
CBS-EXCH-EE:07 – Verify Individual Eligibility for Public Minimum Essential Coverage	Verifies individual's eligibility for public Minimum Essential Coverage (MEC). Involves interaction with In-State Medicaid, CHIP, and	Account information for the individual.	Determination of individual's eligibility for MEC and effective dates.	Mixed

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
	Basic Health Program for enrollment within state.			
CBS-EXCH-EE:08 – Verify Household Income	Verifies individual's household size and MAGI with information from IRS via the Data Services Hub. Also handles alternate process for documentation of income and household size, and potentially including obtaining current income data from other information sources.	Account information for the individual applicant, including taxpayer identification numbers.	Modified Adjusted Gross Income for the coverage household.	Mixed
CBS-EXCH-EE:10 – Calculate Federal Poverty Level	Calculates the Federal Poverty Level (FPL) of a household that has requested screening for APTC, CSR, and participation in Medicaid, CHIP, and the Basic Health Program.	Account information for the individual applicant, including the household MAGI.	Household FPL.	Automated
CBS-EXCH-EE:11 – Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage	Verifies individual's eligibility for employer-sponsored MEC. Verifies with other information sources whether individuals in a household have access to affordable employer-sponsored MEC that meets the minimum value requirement.	Account information for the individual applicant, including individual name, employer name, and identifier.	Determination of an individual's access to qualifying employer-sponsored MEC.	Mixed
CBS-EXCH-EE:12 – Determine Eligibility	Determines eligibility based on account information and established business rules. Envisioned as a generalized service for Individual Eligibility & Enrollment, Individual Responsibility Exemption, and SHOP Exchange Eligibility & Enrollment (employer and employee). Also includes determination for	Account information for individuals, employees and employers.	Determination of eligibility.	Automated

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
	Medicaid, CHIP and BHP based on MAGI.			
CBS-EXCH-EE:13 – Refer Potentially Eligible Individuals to Medicaid and CHIP for Additional Screening	Refers individuals who may be eligible for enrollment in Medicaid based on criteria other than MAGI to Medicaid and CHIP for additional screening. This includes individuals who indicate that they may be disabled. Involves interaction with Medicaid and CHIP for receiving results of additional screening.	Account information for the individual applicant, including responses to trigger questions for additional screening.	Determination of an individual's eligibility by Medicaid and CHIP.	Automated
CBS-EXCH-EE:15 – Determine Eligibility for Advance Premium Tax Credits	Calculates an eligible applicant's level of APTC using APTC calculation tools provided by IRS/CMS. <i>This functionality may be provided as part of the Determine Eligibility service (CBS-EXCH-EE:13).</i>	Account information for the individual applicant, including household FPL and 2 nd lowest cost silver plan.	APTC for which the applicant is eligible to receive.	Automated
CBS-EXCH-EE:16 – Determine Category for Cost-Sharing Reductions	Determines an eligible individual's eligibility category for CSR based on household FPL and whether an individual is an Indian. <i>This functionality may be provided as part of the Determine Eligibility service (CBS-EXCH-EE:13).</i>	Account information for the individual applicant, including household FPL, eligibility for APTC, and whether an individual is an Indian.	Category for CSR.	Automated
CBS-EXCH-EE:17 – Qualify Individual for an Enrollment Period	Determines whether an individual who has been determined eligible to enroll in a qualified health plan is eligible for an enrollment period. <i>This functionality may be provided as part of the Determine Eligibility service (CBS-EXCH-EE:13).</i>	Account information for the individual applicant, including application updates resulting from self-reported changes.	Determination of whether the individual is eligible for an enrollment period.	Automated
CBS-EXCH-EE:18 – Determine Plan Availability and	Determines which qualified health plans are available in an individual's	Qualified Health Plan information, including rates and coverage area.	Determination of qualified health plan availability and personalized cost	Automated

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
Calculate Plan Cost	geographic area, and computes personalized cost information to support an individual's comparison of qualified health plans.	Account information for the individual applicant, including individual's address, age, tobacco use, level of APTC, and CSR.	information.	
CBS-EXCH-EE:19 – Select Individual Qualified Health Plan	Enables the review of available qualified health plans and accepts an individual's selection of a qualified health plan.	Qualified Health Plan information for available plans. Personalized cost information for available qualified health plans.	Selection of a qualified health plan by the individual.	Mixed
CBS-EXCH-EE:20 – Assess Current Qualified Health Plan Enrollment Status	Determines whether an individual who is selecting a qualified health plan is already enrolled in another qualified health plan in order to disenroll him or her from his or her prior qualified health plan.	Account information for the individual applicant, including existing enrollment in a qualified health plan.	Determination of an individual's enrollment status in another qualified health plan.	Automated
CBS-EXCH-EE:21 – Communicate to Issuer Regarding Enrollment in Qualified Health Plan	Transmits a notification of an individual's enrollment (including renewals and changes) in a qualified health plan to the qualified health plan issuer and receives acknowledgement of the enrollment transaction from the issuer. Transmits the enrollment notification to CMS to initiate payments to issuers for APTC and CSR, as applicable, and to enable monitoring of enrollments.	Account information for the individual or employee applicant, including individual contact information, APTC, and cost-sharing reductions information, where applicable.	Notification of enrollment to the qualified health plan issuer and CMS. Acknowledgement from issuer of enrollment transaction. Updated CMS enrollment records.	Automated
CBS-EXCH-EE:22 – Report Enrollment in Qualified Health Plan	Transmits monthly enrollment reports for all individuals enrolled in qualified health plans to CMS to initiate payments to issuers for APTC and CSR, as applicable; to enable monitoring of enrollments. Transmits monthly enrollment reports to	Account information for the individual applicant, including individual enrollment, APTC, and reduction in enrollee out-of-pocket costs.	Report on individual enrollment status, associated APTC, and reduction in enrollee out-of-pocket costs. Updated issuer and CMS enrollment records.	Automated

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
	issuers to support reconciliation.			
CBS-EXCH-EE:23 – Disenroll from Qualified Health Plan	Transmits a notification of an individual's disenrollment from a qualified health plan to the qualified health plan issuer for appropriate disenrollment processing by the issuer. Transmits the disenrollment notification to CMS for records management.	Account information for the individual applicant, including individual enrollment information.	Notification of disenrollment. Acknowledgement from issuer of disenrollment transaction. Updated CMS enrollment records.	Automated
CBS-EXCH-EE:24 – Conduct Eligibility Appeal	Receives eligibility appeal request from an individual to appeal his or her eligibility determination and adjudicates appeal. May include a review of documentation provided by the individual and an in-person hearing.	Eligibility Appeal Request. Account information for the individual applicant, including information used in the eligibility and enrollment process and additional supporting documentation provided by the individual, as needed.	Eligibility Appeal Decision.	Mixed
CBS-EXCH-EE:26 – Implement Adjusted Eligibility Determination Resulting from Appeal	Adjusts an individual's eligibility determination based on the outcome of his or her eligibility appeal.	Eligibility Appeal Decision. Account information for the individual applicant, including prior eligibility determination.	Implementation of eligibility determination resulting from adjudicated appeal.	Automated
CBS-EXCH-EE:27 – Halt Appeals Processing	Stops appeals processing in the event that an individual reports new information during the course of an appeal.	Request to halt appeals processing.	Halted appeals processing.	Automated
CBS-EXCH-EE:29 – Accept Individual Eligibility Application	Accepts an application from an individual (and his or her household) for enrollment in a qualified health plan, APTC, CSR, and Medicaid, CHIP, and the Basic Health Program. May occur on paper or via web (including telephonic applications). Exchange may be	Individual Application. Notification of potential individual eligibility.	Acceptance of the application for use in eligibility determination.	Mixed

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
	notified of potential individual eligibility by an In-State Medicaid, CHIP, or Basic Health Program.			
CBS-EXCH-EE:30 – Accept Individual Eligibility Application Update	Accepts changes reported by an individual to his or her personal information.	Individual Application updates.	Acceptance of application updates for use in eligibility determination and renewals.	Mixed
CBS-EXCH-EE:33 – Verify Whether Individual is an Indian	Verifies whether an individual is an Indian in order to determine eligibility for CSR, individual responsibility exemptions, and special enrollment periods. May involve documentation review.	Account information for the individual applicant identifying individual and whether an individual is an Indian.	Determination of whether an individual is an Indian.	Manual
CBS-EXCH-EE:34 – Verify Incarceration Status	Verifies an individual's incarceration status. Incarceration status is used to determine eligibility for participation in the Exchange and to determine an individual's eligibility for an exemption from the individual responsibility payment. May involve documentation review.	Account information for the applicant including SSN, attestation of incarceration, and supporting documentation, if applicable.	Determination of an individual's incarceration status.	Mixed
CBS-EXCH-EE:35 – Enroll in Medicaid, CHIP or BHP	Following a determination of eligibility in Medicaid, CHIP or BHP, the Exchange transmits information about the individual to Medicaid, CHIP or BHP to initial the enrollment process.	Account information needed to enroll the individual in Medicaid, CHIP or BHP.	Enrollment in Medicaid, CHIP or BHP.	Mixed
CBS-EXCH-EE:36 – Verify Individual Residency Status	Verifies an individual's (or employee's) residency status to determine eligibility for participation in the Exchange.	Account information for the applicant including identifying information, attestation of residency, and supporting documentation, if necessary.	Determination of an individual's residency status.	Mixed
CBS-EXCH-EE:37 – Communicate Individual	Communicates an individual's eligibility	Account information for the applicant including	Notification to the individual of his/her	Mixed

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
Eligibility Determination	determination to the individual and to CMS. For the individual, this communication is his/her formal notification of eligibility and appeal rights.	eligibility determination and supporting verifications.	eligibility and appeal rights and notification to CMS to support operational reporting.	
CBS-EXCH-EE:41 – Accept Individual Exemption Application	Accepts an application from an individual when the individual has requested an exemption from the individual responsibility requirement.	Individual Exemption Application.	Acceptance of the application for use in eligibility determination.	Mixed
CBS-EXCH-EE:42 – Verify Information Required for Exemption	Verifies an individual's qualification for an exemption from the individual responsibility requirement.	Account information for the individual applicant.	Verification of an individual's qualification for an exemption.	Mixed
CBS-EXCH-EE:43 – Accept Individual Exemption Application Update	Accepts changes reported by an individual to his or her personal information.	Individual Exemption Application updates.	Acceptance of application updates for use in determining exemption from the individual responsibility requirement.	Mixed
CBS-EXCH-EE:45 – Report on Individual Exemption Status	Provides information on approved and denied requests for exemptions from the individual responsibility requirement to CMS for transmission to IRS to support the implementation of the individual responsibility requirement.	Account information for the individual applicant, including exemptions from the individual responsibility requirement.	Report on individual exemption status.	Automated
CBS-EXCH-EE:46 – Process Individual Exemption Renewal Request	Coordinates the renewal of an individual's exemption from the individual responsibility requirement. Certain exemptions may not require renewal.	Account information for the individual applicant, including household and individual information. Individual Exemption Application updates containing self-reported changes.	Completion of the renewal process, including eligibility for exemption from the individual responsibility requirement.	Mixed
CBS-EXCH-EE:61 – Accept SHOP Employer Application	Accepts an application from an employer seeking participation in the	Employer Application for Participation in SHOP Exchange.	Acceptance of the application for use in eligibility determination.	Mixed

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
	SHOP Exchange.			
CBS-EXCH-EE:62 – Verify SHOP Employer Identity	Verifies existence of the employer's identifier.	Account information for the employer, including employer federal EIN.	Determination of an employer's valid federal EIN.	Automated
CBS-EXCH-EE:63 – Determine SHOP Employer Contribution	Facilitates an eligible employer's declaration of its contribution towards the cost of coverage and whether it elects to contribute through pretax payments. The Exchanges establish employer and employee identifiers.	SHOP Exchange Program.	Employer-selected program contribution options. Employer and employee identifiers for use by employees in enrolling in the SHOP Exchange. SHOP Enrollment Guidelines.	Mixed
CBS-EXCH-EE:64 – Terminate Employer Participation	Terminates an employer's participation in a SHOP Exchange initiated by the employer or by the Exchange if the employer is found to be negligent. Employees enrolled in qualified health plans are notified of their options. Notifications are provided to issuers and CMS.	Account information for the employer, including Employee Roster and associated issuers.	Termination of the employer's participation in the SHOP Exchange. Notification of employer's termination to employees. Notification of termination to issuer and CMS.	Automated
CBS-EXCH-EE:65 – Process Employer Participation Renewal	Handles the redetermination of eligibility for participation in the SHOP Exchange.	Employer Application for Participation in SHOP Exchange includes new or updated information on the Employer and Employee Roster. Account information for the employer. SHOP Exchange Program.	Acceptance of the application for use in eligibility determination. Determination of validity of employee addresses. Employer-selected program contribution options. Employer and employee identifiers for use by employees in enrolling in the SHOP Exchange. SHOP Enrollment Guidelines.	Mixed
CBS-EXCH-EE:66 – Conduct SHOP Eligibility Appeal	Receives eligibility appeal request from employer or employee to appeal their SHOP eligibility determination and adjudicates appeal. May include a review of documentation	Eligibility Appeal Request. Account information for the applicant, including information used in the eligibility and enrollment process and additional supporting documentation provided by the applicant,	Eligibility Appeal Decision.	Mixed

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
	provided by the employer or employee and an in-person hearing.	as needed.		
CBS-EXCH-EE:67 – Verify Employee Roster	Verifies the existence of the work address supplied for each employee listed in the Employee Roster.	Account information for the employer, including Employee Roster.	Determination of validity of addresses listed in the Employee Roster.	Automated
CBS-EXCH-EE:68 – Communicate to Employees Regarding Availability of Insurance Through SHOP Exchange	Handles the transmission of enrollment guidelines to employees whose employer is actively participating in a SHOP Exchange. Guidelines include information regarding timeframe for enrollment, cost for employer and employee, options for dependent coverage and pre-tax payments, and an identifier to associate with the employer upon accessing the Exchange for employee eligibility and enrollment (employee credentials).	Account information for the employer, including Employee Roster. SHOP Enrollment Guidelines.	Notification to employees on roster with enrollment guidelines.	Mixed
CBS-EXCH-EE:70 – Accept SHOP Employer Application Update	Accepts changes reported by an employer to its application, including addition of employees to the roster (new hires) and/or removal of employees to the roster (terminations).	Employer Application for Participation in SHOP Exchange updates.	Acceptance of application updates for use in eligibility determination and renewals.	Mixed
CBS-EXCH-EE:81 – Accept SHOP Employee Application	Accepts an application from an employee for enrollment in a qualified health plan through the SHOP Exchange. May occur on paper or via web (including telephonic applications).	Employee Application for Coverage through SHOP Exchange.	Acceptance of the application for use in eligibility determination.	Mixed
CBS-EXCH-EE:82 – Accept SHOP Employee Application Update	Accepts changes reported by an employee to his or her application.	Employee Application for Coverage through SHOP Exchange updates.	Acceptance of application updates for use in eligibility determination and renewals.	Mixed

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Exchange Business Service Name	Description	Input Entities	Outcome	Automation Indicator
CBS-EXCH-EE:83 – Verify SHOP Employee Application	Verifies the employee's employer as an actively participating member of the SHOP exchange. Verifies the validity (existence) of the home and work address supplied by the employee.	Account information for the employee, including employee credentials and home and work addresses. Account information for the employer, including Employee Roster and employee credentials.	Verification of employer's participation in the SHOP Exchange and validity of employee's home and work address.	Automated
CBS-EXCH-EE:84 – Select SHOP Employee Qualified Health Plan	Enables the review of available qualified health plans and accepts an employee's selection of a qualified health plan.	Qualified Health Plan information for available plans. Personalized cost information for available qualified health plans. Account information for the employee.	Selection of a qualified health plan by the employee.	Mixed
CBS-EXCH-EE:85 – Process SHOP Employee Renewal Request	Coordinates the renewal of an employee's eligibility and enrollment, including re-determination of the individual's eligibility for enrollment in a qualified health plan through the SHOP Exchange.	Account information for the employee, including current enrollment status. Employee Application for Coverage through SHOP Exchange updates containing self-reported changes and any changes to the selected plan.	Completion of the renewal process, including eligibility redetermination and enrollment and/or disenrollment in a qualified health plan.	Mixed

5.1.2 Supporting Business Services

Supporting Business Services identify the interactions with stakeholders participating in the business process. Supporting Business Services enable stakeholders to share information with Exchanges and provide other services (e.g., application information verification) in support of Exchange operations.

Table 15 provides a preliminary description of the Supporting Business Services identified for the Eligibility & Enrollment business area. (The business services are listed alphabetically based on the service name.)

Note that a number of Supporting Business Services identified in this table are listed with information sources that are still under development. CMS is considering approaches for Exchanges to obtain this information. Several supporting services will be provided by CMS, such as verification of income with IRS, and citizenship and lawful presence through SSA and DHS. Additional CMS involvement could occur in other areas. CMS continues to investigate authoritative sources of data and will collaborate with states in this effort. Final decisions on CMS involvement in obtaining relevant data will be addressed in a separate transmittal. Also

note that Table 15 does not contain an exhaustive list of interactions between Exchanges and other stakeholders. Additional interactions will be detailed in future guidance.

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Table 15. Eligibility & Enrollment Supporting Business Services

Supporting Business Service Name	Description	Service Owner	Input Entities	Outcome	Authoritative Sources	Automation Indicator
SBS-CMS:01 – Receive Eligibility Determination for use in Operational Reporting	CMS receives information on eligibility determinations for use with operational reporting.	CMS	Account information on individual and employer eligibility determinations.	Updated CMS eligibility records.	Exchange – authoritative source for eligibility determination. CMS – maintains summary of eligibility determinations.	Automated
SBS-CMS:04 – Verify Lawful Presence	In response to a request from an Exchange, HHS coordinates with DHS and SSA to substantiate an individual's citizenship, status as a National or lawful presence, and notifies the Exchange of the result.	CMS	Account information identifying individual, including SSN and DHS ID (if applicable), and attestation of lawful presence.	Individual's lawful presence status.	SSA – maintains citizenship records. DHS – maintains lawful presence and citizenship.	Mixed
SBS-CMS:05 – Review Documentation to Verify Lawful Presence	In response to a request from an Exchange, CMS facilitates a Step 3 review of documentation submitted by the individual to verify his or her citizenship or lawful presence, and notifies the Exchange of the results.	CMS	Account information identifying individual, including documentation showing proof of lawful presence.	Individual's lawful presence status.	DHS – maintains lawful presence and citizenship.	Mixed
SBS-CMS:08 – Verify Household Income	In response to a request from an Exchange, CMS obtains information from an individual's tax return regarding household MAGI from the IRS. This utilizes the supporting services from IRS that will calculate the individual's MAGI based on his/her tax return.	CMS	Account information identifying individual and taxpayer identification number.	Household size, household MAGI, and supporting information.	IRS – authoritative source for household size and household MAGI on tax return.	Automated
SBS-CMS:10 – Receive Notice of Enrollment	CMS receives enrollment notification from an Exchange, along with information about APTC and CSR. CMS directs Treasury to make payments to issuers. CMS provides enrollment and payment information	CMS	Notification of an individual's enrollment in a qualified health plan and associated financial assistance information.	Updated CMS enrollment records and APTC and CSR. Payments to issuers. Updated IRS records.	Exchange – authoritative source for individual's enrollment in qualified health plan and related financial information. CMS – maintains summary of individual enrollment status and related financial information,	Automated

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Supporting Business Service Name	Description	Service Owner	Input Entities	Outcome	Authoritative Sources	Automation Indicator
	to IRS.				including payments made. Treasury – make payments to issuers.	
SBS-CMS:11 – Receive Notice of Disenrollment from Qualified Health Plan	CMS receives disenrollment notification from an Exchange. CMS provides disenrollment information to IRS.	CMS	Notification of disenrollment from Exchange. Account information identifying individual and enrollment status.	Updated CMS disenrollment records. Updated IRS records.	Exchange – authoritative source for individual's enrollment in qualified health plan and related information. CMS – maintains summary of individual enrollment status.	Automated
SBS-CMS:13 – Receive Monthly Enrollment Report	CMS receives monthly enrollment reports from Exchanges, along with information about APTC and CSR. CMS directs Treasury to make payments to issuers. CMS provides enrollment and payment information to IRS.	CMS	Report on individual enrollment status and associated financial assistance information.	Updated enrollment records and associated information, such as APTC and CSR for individual enrollment. Updated IRS records.	Exchange – authoritative source for individual's enrollment in qualified health plan and related financial information. CMS – maintains summary of individual enrollment status and related financial information, including payments made. Treasury – make payments to issuers.	Automated
SBS-CMS:17 – Report Individual Exemption Status to IRS	CMS receives information on approvals and denials of requests for exemptions from the individual responsibility requirement and transfers this information to IRS to support the implementation of the individual responsibility requirement.	CMS	Account information identifying individual and exemption eligibility status.	Updated CMS individual responsibility exemption records. Updated IRS records.	Exchange – authoritative source for individual's exemption status.	Automated
SBS-CMS:23 – Receive Notice of Termination of Employer's Participation in SHOP Exchange	CMS receives notices about termination of employer's participation in SHOP Exchanges. CMS provides notices to IRS.	CMS	Notification of employer's termination from participation in the SHOP Exchange.	Updated employer SHOP Exchange participation records. Updated IRS records.	Exchange – authoritative source for employer's participation in a SHOP Exchange. CMS – maintains summary of employer's participation status and related information.	Automated

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Supporting Business Service Name	Description	Service Owner	Input Entities	Outcome	Authoritative Sources	Automation Indicator
SBS-CMS:26 – Calculate Maximum Advance Premium Tax Credit	In response to a request from an Exchange, CMS calculates the individual's maximum APTC using tools provided by IRS/CMS.	CMS	Account information, including individual's identity and income.	Determination of individual's advance premium tax credit	IRS – the authoritative source for individual's tax information.	Automated
SBS-CMS:27 – Receive Notice of SHOP Exchange Employer Participation	CMS receives information on employer participation in SHOP Exchange.	CMS	Account information identifying employer and participation in SHOP Exchange.	Updated CMS participation records for employers.	Exchange – authoritative source for employer's participation in SHOP Exchange. CMS – maintains summary of employer participation in SHOP Exchange.	Automated
SBS-CMS:29 – Receive Notice of Exchange Appeal Decision	CMS receives notification from Exchange of eligibility appeal decisions. CMS provides notices to IRS.	CMS	Notification of individual's eligibility appeal decision.	Updated CMS and IRS appeal records.	Exchange – authoritative source for individual's eligibility appeal decision.	Automated
SBS-CMS:30 – Receive Notice of Enrollee Changes and Renewals	CMS receives notification from Exchange of renewals and changes to enrollee information. CMS provides notices to IRS.	CMS	Notification of renewals and changes to enrollee information.	Updated CMS enrollment records, and APTC and CSR. Updated IRS records.	Exchange – authoritative source for individual's enrollment in qualified health plan and related financial information. CMS – maintains summary of individual enrollment status and related financial information, including payments made. Treasury – make payments to issuers.	Automated
SBS-ISS:01 – Receive Monthly Enrollment and APTC/CSR Report for Reconciliation	CMS receives enrollment reports from Exchanges for use in reconciling enrollment and disenrollment records.	Issuer	Report of individuals' enrollment in a qualified health plan.	Reconciled enrollment records.	Issuer – authoritative source for individual's enrollment in issuer's qualified health plan. Exchange – authoritative source for individual's enrollment in qualified health plan.	Automated

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Supporting Business Service Name	Description	Service Owner	Input Entities	Outcome	Authoritative Sources	Automation Indicator
SBS-ISS:02 – Receive Notice of Enrollment and Payment	Issuer receives notification from Exchange of individual's enrollment in a qualified health plan and the initial monthly payment to issuer.	Issuer	Notification of individual's enrollment in a qualified health plan.	Enrollment of individual in issuer's qualified health plan. Updated issuer records.	Issuer – authoritative source for individual's enrollment in issuer's qualified health plan. Exchange – authoritative source for individual's enrollment in qualified health plan and associated financial assistance.	Automated
SBS-ISS:03 – Notify Exchange of Disenrollment from Qualified Health Plan	Issuer notification to the Exchange when an enrollee notifies his or her qualified health plan issuer that he or she is disenrolling.	Issuer	Notification of individual's intent to disenroll from issuer's qualified health plan.	Disenrollment from issuer's qualified health plan. Account records updated.	Issuer – authoritative source for individual's enrollment in issuer's qualified health plan. Exchange – authoritative source for individual's enrollment in qualified health plan and associated financial assistance.	Automated
SBS-ISS:04 – Receive Notice of Disenrollment from Qualified Health Plan	Issuer receives notification from Exchange of individual's disenrollment from a qualified health plan.	Issuer	Notification of individual's disenrollment from a qualified health plan.	Disenrollment from issuer's qualified health plan. Updated issuer records.	Issuer – authoritative source for individual's enrollment in issuer's qualified health plan. Exchange – authoritative source for individual's enrollment in qualified health plan and associated financial assistance.	Automated
SBS-ISS:14 – Receive Notice of Enrollee Changes and Renewals	Issuer receives notification from Exchange of renewals and changes to enrollee information.	Issuer	Notification of renewals and changes to enrollee information	Renewed enrollment and updated issuer records..	Issuer – authoritative source for individual's enrollment in issuer's qualified health plan. Exchange – authoritative source for individual's enrollment in qualified health plan and associated financial assistance, including renewals and updates.	Automated
SBS-OASHSP:02 – Verify Whether Individual Has Already Been Determined	In response to a request from an Exchange, In-State Medicaid, CHIP, or Basic Health Program agency verifies	In-State Medicaid, CHIP, or Basic Health	Account information including individual's identity.	Determination of individual's enrollment in Medicaid, CHIP, or the Basic Health	In-State Medicaid, CHIP, or Basic Health Program – authoritative source for Medicaid, CHIP, or Basic Health Plan	Automated

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Supporting Business Service Name	Description	Service Owner	Input Entities	Outcome	Authoritative Sources	Automation Indicator
Eligible for Medicaid, CHIP or BHP	whether an individual has already been determined eligible for Medicaid, CHIP, or the Basic Health Plan. <i>We expect this capability to be effectuated as part of a common, integrated system or set of services.</i>	Program.		Plan.	enrollment.	
SBS-OASHSP:03 – Receive Enrollment Transaction for Individual Determined Eligible for Medicaid, CHIP or BHP	In-State Medicaid, CHIP or Basic Health Program agency receives notification from Exchange of individual's eligibility for enrollment in Medicaid, CHIP, or BHP. <i>We expect this capability to be effectuated as part of a common, integrated system or set of services.</i>	In-State Medicaid, CHIP or Basic Health Program.	Notification of individual's potential eligibility for Medicaid or CHIP.	Initiation of individual's enrollment in Medicaid or CHIP.	In-State Medicaid or CHIP agency – authoritative source for Medicaid or CHIP eligibility and enrollment.	Mixed
SBS-OASHSP:04 – Determine Individual Eligibility for Medicaid or CHIP Based on Factors Other than MAGI	In-State Medicaid or CHIP agency receives notification of individual's potential eligibility for enrollment in Medicaid or CHIP programs based on criteria other than MAGI. <i>We expect this capability to be effectuated as part of a common, integrated system or set of services.</i>	In-State Medicaid or CHIP agency.	Notification of individual's potential eligibility for Medicaid or CHIP.	Initiation of individual's eligibility determination in Medicaid or CHIP.	In-State Medicaid or CHIP agency – authoritative source for Medicaid or CHIP eligibility and enrollment.	Mixed
SBS-TBD:01 – Verify Employer Identification Number	Verifies an employer's EIN.	<i>Service owner is to be determined</i>	Account information for the employer, including employer name, address, and EIN.	Employer Identification Number.	<i>Information provider is to be determined.</i>	Automated
SBS-TBD:02 – Retrieve Current Income Data	In response to a request from an Exchange, another information source provides current income data for use by the Exchange in verifying an individual's income as part of the alternative income verification process.	<i>Service owner is to be determined</i>	Account information, including individual's identity.	Current Income Data.	<i>Information provider is to be determined.</i>	Automated

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Supporting Business Service Name	Description	Service Owner	Input Entities	Outcome	Authoritative Sources	Automation Indicator
SBS-TBD:04 – Validate Address Existence	In response to a request from an Exchange, another information source provides data for use in verifying an employee's address for use in employer and employee enrollment in SHOP Exchange.	<i>Service owner is to be determined</i>	Account information, including employee's address.	Verification of an address's existence.	<i>Information provider is to be determined.</i>	Automated
SBS-TBD:05 – Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage	In response to a request from an Exchange, another information source verifies if an applying individual has access to employer-sponsored MEC, and if so, provides information for Exchange to determine whether such employer-sponsored MEC is affordable and meets the minimum value requirement (in which case the applicant is ineligible for APTC and CSR).	<i>Service owner is to be determined</i>	Account information, including individual's identity and employer name and EIN.	Determination of individual's access to qualifying employer-sponsored MEC.	<i>Information provider is to be determined.</i>	Mixed
SBS-TBD:06 – Verify Individual Unemployment Insurance	In response to a request from an Exchange, another information source verifies whether an individual has filed for unemployment insurance, which allows an individual to utilize the alternate process to document income and household size.	<i>Service owner is to be determined</i>	Account information identifying individual.	Individual's unemployment insurance status.	<i>Information provider is to be determined.</i>	Automated
SBS-TBD:07 – Verify Individual Eligibility for Other Public Minimum Essential Coverage	In response to a request from an Exchange, another information source retrieves an individual's eligibility for other public MEC to support Exchange eligibility determination for APTC and CSR.	<i>Service owner is to be determined</i>	Account information identifying individual.	Determination of individual's eligibility for other public MEC.	<i>Information provider is to be determined.</i>	Automated
SBS-TBD:08 – Verify Whether Individual Is an Indian	In response to a request from an Exchange, another information source verifies whether an individual is an Indian to the extent that	<i>Service owner is to be determined</i>	Account information identifying individual and whether an individual is an Indian.	Determination of whether an individual is an Indian.	<i>Information provider is to be determined.</i>	Automated

Supporting Business Service Name	Description	Service Owner	Input Entities	Outcome	Authoritative Sources	Automation Indicator
	centralized, electronic databases are available.					
SBS-TBD:09 – Verify Individual Incarceration Status	In response to a request from an Exchange, another information source verifies incarceration status for an applicant.	<i>Service owner is to be determined</i>	Account information identifying individual and attestation of incarceration.	Determination of an individual's incarceration status.	<i>Information provider is to be determined.</i>	Automated
SBS-TBD:11 – Verify Individual Residency Status	In response to a request from an Exchange, another information source verifies an individual's (or employee's) residency status.	<i>Service owner is to be determined</i>	Account information identifying individual and attestation of residency.	Determination of an individual's residency status.	<i>Information provider is to be determined.</i>	Automated

5.2 Business Process-Services Mapping

This section provides a preliminary summary of the Exchange Business Services and Supporting Business Services used by the business processes identified for Eligibility & Enrollment in Section 2. The collection of business services represents the breadth of functionality required by the business process. Each of the supporting business services identifies the specific interaction between the Exchange and its stakeholders needed to complete the business process.

As an example, the BP-EE:10 – Prepare / Update Individual Eligibility Application business process has five associated Exchange Business Services and three Supporting Business Services. The Exchange Business Services address the activities involved with accepting initial application submissions and updated application submissions. Shared Exchange Business Services are listed for validating the submitted application and managing individual account information; a Supporting Business Service is listed for In-State Medicaid, CHIP, and BHP programs to notify an Exchange of an individual's potential eligibility.

5.2.1 BP-EE:10 – Prepare / Update Individual Eligibility Application

Table 16 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Prepare / Update Individual Eligibility Application business process.

Table 16. BP-EE:10 – Prepare / Update Individual Eligibility Application Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:01 – Validate Application Submission	None identified.
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:29 – Accept Individual Eligibility Application	None identified.
CBS-EXCH-EE:30 – Accept Individual Eligibility Application Update	None identified.

5.2.2 BP-EE:11 – Verify Individual Eligibility Application Information

Table 17 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Verify Individual Eligibility Application Information business process.

Table 17. BP-EE:11 – Verify Individual Eligibility Application Information Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:06 – Verify Lawful Presence	SBS-CMS:04 – Verify Lawful Presence SBS-CMS:05 – Review Documentation to Verify Lawful Presence
CBS-EXCH-EE:07 – Verify Individual Eligibility for Public Minimum Essential Coverage	SBS-OASHSP:02 – Verify Whether Individual Has Already Been Determined Eligible for Medicaid, CHIP or BHP SBS-TBD:07 – Verify Individual Eligibility for Other Public Minimum Essential Coverage
CBS-EXCH-EE:08 – Verify Household Income	SBS-CMS:08 – Verify Household Income SBS-TBD:02 – Retrieve Current Income Data SBS-TBD:06 – Verify Individual Unemployment Insurance
CBS-EXCH-EE:11 – Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage	SBS-TBD:05 – Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage
CBS-EXCH-EE:33 – Verify Whether Individual Is an Indian	SBS-TBD:08 – Verify Whether Individual Is an Indian
CBS-EXCH-EE:34 – Verify Incarceration Status	SBS-TBD:09 – Verify Individual Incarceration Status
CBS-EXCH-EE:36 – Verify Individual Residency	SBS-TBD:11 – Verify Individual Residency Status

Exchange Business Service	Supporting Business Service
Status	

5.2.3 BP-EE:12 – Determine Individual Eligibility

Table 18 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Determine Individual Eligibility business process.

Table 18. BP-EE:12 – Determine Individual Eligibility Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:10 – Calculate Federal Poverty Level	None identified.
CBS-EXCH-EE:12 – Determine Eligibility	None identified.
CBS-EXCH-EE:13 – Refer Potentially Eligible Individuals to Medicaid and CHIP for Additional Screening	SBS-OASHSP:04 – Determine Individual Eligibility for Medicaid or CHIP Based on Factors Other than MAGI
CBS-EXCH-EE:15 – Determine Eligibility for Advance Premium Tax Credits	SBS-CMS:26 – Calculate Maximum Advance Premium Tax Credit
CBS-EXCH-EE:16 – Determine Category for Cost-Sharing Reductions	None identified.
CBS-EXCH-EE:17 – Qualify Individual for an Enrollment Period	None identified.
CBS-EXCH-EE:37 – Communicate Individual Eligibility Determination	SBS-CMS:01 – Receive Eligibility Determination for Use in Operational Reporting

5.2.4 BP-EE:13 – Enroll Individual in Qualified Health Plan

Table 19 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Enroll Individual in Qualified Health Plan business process.

Table 19. BP-EE:13 – Enroll Individual in Qualified Health Plan Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:18 – Determine Plan Availability and Calculate Plan Cost	None identified.

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:19 – Select Individual Qualified Health Plan	None identified.
CBS-EXCH-EE:20 – Assess Current Qualified Health Plan Enrollment Status	None identified.
CBS-EXCH-EE:21 – Communicate to Issuer Regarding Individual Enrollment in Qualified Health Plan	SBS-CMS:10 – Receive Notice of Enrollment SBS-CMS:30 – Receive Notice of Enrollee Changes and Renewals SBS-ISS:02 – Receive Notice of Enrollment and Payment SBS-ISS:14 – Receive Notice of Enrollee Changes and Renewals
CBS-EXCH-EE:22 – Report Enrollment in Qualified Health Plan	SBS-CMS:13 – Receive Monthly Enrollment Report SBS-ISS:01 – Receive Monthly Enrollment and APTC/CSR Report for Reconciliation
CBS-EXCH-EE:35 – Enroll in Medicaid, CHIP or BHP	SBS-OASHSP:03 – Receive Enrollment Transaction for Individual Determined Eligible for Medicaid, CHIP or BHP

5.2.5 BP-EE:14 – Disenroll Individual from Qualified Health Plan

Table 20 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Disenroll Individual from Qualified Health Plan business process.

Table 20. BP-EE:14 – Disenroll Individual from Qualified Health Plan Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:23 – Disenroll from Qualified Health Plan	SBS-CMS:11 – Receive Notice of Disenrollment from Qualified Health Plan SBS-ISS:03 – Notify Exchange of Disenrollment from Qualified Health Plan SBS-ISS:04 – Receive Notice of Disenrollment from Qualified Health Plan

5.2.6 BP-EE:15 – Renew Individual Eligibility and Enrollment

Table 21 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Renew Individual Eligibility and Enrollment business process.

Table 21. BP-EE:15 – Renew Individual Eligibility and Enrollment Business Services

Exchange Business Service	Supporting Business Service
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Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:01 – Validate Application Submission	None identified.
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:04 – Process Individual Eligibility and Enrollment Renewal Request	SBS-CMS:08 – Verify Household Income
CBS-EXCH-EE:06 – Verify Lawful Presence	SBS-CMS:04 – Verify Lawful Presence SBS-CMS:05 – Review Documentation to Verify Lawful Presence
CBS-EXCH-EE:07 – Verify Individual Eligibility for Public Minimum Essential Coverage	SBS-OASHSP:02 – Verify Whether Individual Has Already Been Determined Eligible for Medicaid, CHIP or BHP SBS-TBD:07 – Verify Individual Eligibility for Other Public Minimum Essential Coverage
CBS-EXCH-EE:08 – Verify Household Income	SBS-CMS:08 – Verify Household Income SBS-TBD:02 – Retrieve Current Income Data SBS-TBD:06 – Verify Individual Unemployment Insurance
CBS-EXCH-EE:10 – Calculate Federal Poverty Level	None identified.
CBS-EXCH-EE:11 – Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage	SBS-TBD:05 – Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage
CBS-EXCH-EE:12 – Determine Eligibility	None identified.
CBS-EXCH-EE:13 – Refer Potentially Eligible Individuals to Medicaid and CHIP for Additional Screening	SBS-OASHSP:04 – Determine Individual Eligibility for Medicaid or CHIP Based on Factors Other than MAGI
CBS-EXCH-EE:15 – Determine Eligibility for Advance Premium Tax Credits	SBS-CMS:26 – Calculate Maximum Advance Premium Tax Credit
CBS-EXCH-EE:16 – Determine Category for Cost-Sharing Reductions	None identified.
CBS-EXCH-EE:17 – Qualify Individual for an Enrollment Period	None identified.
CBS-EXCH-EE:18 – Determine Plan Availability and Calculate Plan Cost	None identified.
CBS-EXCH-EE:19 – Select Individual Qualified Health Plan	None identified.
CBS-EXCH-EE:20 – Assess Current Qualified Health Plan Enrollment Status	None identified.

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:21 – Communicate to Issuer Regarding Enrollment in Qualified Health Plan	SBS-CMS:10 – Receive Notice of Enrollment SBS-CMS:30 – Receive Notice of Enrollee Changes and Renewals SBS-ISS:02 – Receive Notice of Enrollment and Payment SBS-ISS:14 – Receive Notice of Enrollee Changes and Renewals
CBS-EXCH-EE:22 – Report Enrollment in Qualified Health Plan	SBS-CMS:13 – Receive Monthly Enrollment Report SBS-ISS:01 – Receive Monthly Enrollment and APTC/CSR Report for Reconciliation
CBS-EXCH-EE:23 – Disenroll from Qualified Health Plan	SBS-CMS:11 – Receive Notice of Disenrollment from Qualified Health Plan SBS-ISS:03 – Notify Exchange of Disenrollment from Qualified Health Plan SBS-ISS:04 – Receive Notice of Disenrollment from Qualified Health Plan
CBS-EXCH-EE:30 – Accept Individual Eligibility Application Update	None identified.
CBS-EXCH-EE:33 – Verify Whether Individual Is an Indian	SBS-TBD:08 – Verify Whether Individual Is an Indian
CBS-EXCH-EE:34 – Verify Incarceration Status	SBS-TBD:09 – Verify Individual Incarceration Status
CBS-EXCH-EE:35 – Enroll in Medicaid, CHIP or BHP	SBS-OASHSP:03 – Receive Enrollment Transaction for Individual Determined Eligible for Medicaid, CHIP or BHP
CBS-EXCH-EE:36 – Verify Individual Residency Status	SBS-TBD:11 – Verify Individual Residency Status
CBS-EXCH-EE:37 – Communicate Individual Eligibility Determination	SBS-CMS:01 – Receive Eligibility Determination for Use in Operational Reporting

5.2.7 BP-EE:16 – Appeal Exchange Eligibility Decision

Table 22 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Appeal Exchange Eligibility Decision business process.

Table 22. BP-EE:16 – Appeal Exchange Eligibility Decision Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:24 – Conduct Eligibility Appeal	SBS-CMS:29 – Receive Notice of Exchange Appeal Decision

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:26 – Implement Adjusted Eligibility Determination Resulting from Appeal	None identified.
CBS-EXCH-EE:27 – Halt Appeals Processing	None identified.

5.2.8 BP-EE:20 – Prepare / Update Individual Exemption Application

Table 23 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Prepare / Update Individual Exemption Application business process.

Table 23. BP-EE:20 – Prepare / Update Individual Exemption Application Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:01 – Validate Application Submission	None identified.
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:41 – Accept Individual Exemption Application	None identified.
CBS-EXCH-EE:43 – Accept Individual Exemption Application Update	None identified.

5.2.9 BP-EE:21 – Verify Individual Exemption Application Information

Table 24 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Verify Individual Exemption Application Information business process.

Table 24. BP-EE:21 – Verify Individual Exemption Application Information Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:42 – Verify Information Required for Exemption	To be determined.

5.2.10 BP-EE:22 – Determine Individual Exemption Eligibility

Table 25 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Determine Individual Exemption Eligibility business process.

Table 25. BP-EE:22 – Determine Individual Exemption Eligibility Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:12 – Determine Eligibility	SBS-CMS:01 – Receive Eligibility Determination for Use in Operational Reporting
CBS-EXCH-EE:45 – Report on Individual Exemption Status	SBS-CMS:17 – Report Individual Exemption Status to IRS

5.2.11 BP-EE:25 – Renew Individual Exemption Eligibility

Table 26 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Renew Individual Exemption Eligibility business process.

Table 26. BP-EE:25 – Renew Individual Exemption Eligibility Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:01 – Validate Application Submission	None identified.
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:12 – Determine Eligibility	SBS-CMS:01 – Receive Eligibility Determination for Use in Operational Reporting
CBS-EXCH-EE:42 – Verify Information Required for Exemption	To be determined.
CBS-EXCH-EE:43 – Accept Individual Exemption Application	None identified.
CBS-EXCH-EE:45 – Report on Individual Exemption Status	SBS-CMS:17 – Report Individual Exemption Status to IRS
CBS-EXCH-EE:46 – Process Individual Exemption Renewal Request	None identified.

5.2.12 BP-EE:30 – Prepare / Update Employer Eligibility Application and Update

Table 27 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Prepare / Update Employer Eligibility Application business process.

Table 27. BP-EE:30 – Prepare / Update Employer Eligibility Application Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:01 – Validate Application Submission	None identified.
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:61 – Accept SHOP Employer Application	None identified.
CBS-EXCH-EE:70 – Accept SHOP Employer Application Update	None identified.

5.2.13 BP-EE:31 – Verify Employer Eligibility Application Information

Table 28 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Verify Employer Eligibility Application Information business process.

Table 28. BP-EE:31 – Verify Employer Eligibility Application Information Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:62 – Verify Employer Identity	SBS-TBD:01 – Verify Employer Identification Number
CBS-EXCH-EE:67 – Verify Employee Roster	SBS-TBD:04 – Validate Address Existence

5.2.14 BP-EE:32 – Determine Employer Eligibility for Participation

Table 29 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Determine Employer Eligibility for Participation business process.

Table 29. BP-EE:32 – Determine Employer Eligibility for Participation Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:12 – Determine Eligibility	SBS-CMS:01 – Receive Eligibility Determination for Use in Operational Reporting

5.2.15 BP-EE:33 – Determine Employer Contribution

Table 30 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Determine Employer Contribution business process.

Table 30. BP-EE:33 – Determine Employer Contribution Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:63 – Determine SHOP Employer Contribution	SBS-CMS:27 Receive Notice of SHOP Exchange Employer Participation
CBS-EXCH-EE:68 – Communicate to Employees Regarding Availability of Insurance Through SHOP Exchange	None identified.

5.2.16 BP-EE:34 – Terminate Employer Participation

Table 31 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Terminate Employer Participation business process.

Table 31. BP-EE:34 – Terminate Employer Participation Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:64 – Terminate Employer Participation	SBS-CMS:23 – Receive Notice of Termination of Employer's Participation in SHOP Exchange

5.2.17 BP-EE:35 – Renew Employer Participation

Table 32 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Renew Employer Participation business process.

Table 32. BP-EE:35 – Renew Employer Participation Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:01 – Validate Application Submission	None identified.
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:12 – Determine Eligibility	SBS-CMS:01 – Receive Eligibility Determination for Use in Operational Reporting
CBS-EXCH-EE:62 – Verify Employer Identity	SBS-TBD:01 – Verify Employer Identification Number
CBS-EXCH-EE:63 – Determine SHOP Employer Contribution	SBS-CMS:27 Receive Notice of SHOP Exchange Employer Participation
CBS-EXCH-EE:64 – Terminate Employer Participation	SBS-CMS:23 – Receive Notice of Termination of Employer's Participation in SHOP Exchange
CBS-EXCH-EE:65 – Process Employer Participation Renewal	None identified.
CBS-EXCH-EE:67 – Verify Employee Roster	SBS-TBD:04 – Validate Address Existence
CBS-EXCH-EE:68 – Communicate to Employees Regarding Availability of Insurance Through SHOP Exchange	None identified.
CBS-EXCH-EE:70 – Accept SHOP Employer Application Update	None identified.

5.2.18 BP-EE:36 – Appeal SHOP Eligibility Decision

Table 33 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Appeal SHOP Eligibility Decision business process.

Table 33. BP-EE:36 – Appeal SHOP Eligibility Decision Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate	None identified.

Exchange Business Service	Supporting Business Service
Alternative Documentation	
CBS-EXCH-EE:66 – Conduct SHOP Eligibility Appeal	SBS-CMS:29 – Receive Notice of Exchange Appeal Decision

5.2.19 BP-EE:40 – Prepare / Update Employee Eligibility Application

Table 34 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Prepare / Update Employee Eligibility Application business process.

Table 34. BP-EE:40 – Prepare / Update Employee Eligibility Application Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:01 – Validate Application Submission	None identified.
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:81 – Accept SHOP Employee Application	None identified.
CBS-EXCH-EE:82 – Accept SHOP Employee Application Update	None identified.

5.2.20 BP-EE:41 – Verify Employee Eligibility Application Information

Table 35 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Verify Employee Eligibility Application Information business process.

Table 35. BP-EE:41 – Verify Employee Eligibility Application Information Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:83 – Verify SHOP Employee Application	SBS-TBD:04 – Validate Address Existence SBS-TBD:08 – Verify Whether Individual is an Indian

5.2.21 BP-EE:42 – Determine Employee Eligibility

Table 36 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Determine Employee Eligibility business process.

Table 36. BP-EE:42 – Determine Employee Eligibility Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:12 – Determine Eligibility	None identified.

5.2.22 BP-EE:43 – Enroll Employee in Qualified Health Plan

Table 37 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Enroll Employee in Qualified Health Plan business process.

Table 37. BP-EE:43 – Enroll Employee in Qualified Health Plan Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:21 – Communicate to Issuer Regarding Enrollment in Qualified Health Plan	SBS-CMS:10 – Receive Notice of Enrollment SBS-CMS:30 – Receive Notice of Enrollee Changes and Renewals SBS-ISS:02 – Receive Notice of Enrollment and Payment SBS-ISS:14 – Receive Notice of Enrollee Changes and Renewals
CBS-EXCH-EE:22 – Report Enrollment in Qualified Health Plan	SBS-CMS:13 – Receive Monthly Enrollment Report SBS-ISS:01 – Receive Monthly Enrollment and APTC/CSR Report for Reconciliation
CBS-EXCH-EE:84 – Select SHOP Employee Qualified Health Plan	None identified.

5.2.23 BP-EE:44 – Disenroll Employee from Qualified Health Plan

Table 38 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Disenroll Employee from Qualified Health Plan business process.

Table 38. BP-EE:44 – Disenroll Employee from Qualified Health Plan Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:23 – Disenroll from Qualified Health Plan	SBS-CMS:11 – Receive Notice of Disenrollment from Qualified Health Plan SBS-ISS:03 – Notify Exchange of Disenrollment from Qualified Health Plan SBS-ISS:04 – Receive Notice of Disenrollment from Qualified Health Plan

5.2.24 BP-EE:45 – Renew Employee Eligibility & Enrollment

Table 39 provides a preliminary list of the Exchange Business Services and corresponding Supporting Business Services enabling the Renew Employee Eligibility & Enrollment business process.

Table 39. BP-EE:45 – Renew Employee Eligibility & Enrollment Business Services

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:01 – Validate Application Submission	None identified.
CBS-EXCH-EE:02 – Manage Account	None identified.
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	None identified.
CBS-EXCH-EE:12 – Determine Eligibility	None identified.
CBS-EXCH-EE:21 – Communicate to Issuer Regarding Enrollment in Qualified Health Plan	SBS-CMS:10 – Receive Notice of Enrollment SBS-CMS:30 – Receive Notice of Enrollee Changes and Renewals SBS-ISS:02 – Receive Notice of Enrollment and Payment SBS-ISS:14 – Receive Notice of Enrollee Changes and Renewals
CBS-EXCH-EE:22 – Report Enrollment in Qualified Health Plan	SBS-CMS:13 – Receive Monthly Enrollment Report SBS-ISS:01 – Receive Monthly Enrollment and APTC/CSR Report for Reconciliation
CBS-EXCH-EE:23 – Disenroll from Qualified Health Plan	SBS-CMS:11 – Receive Notice of Disenrollment from Qualified Health Plan SBS-ISS:03 – Notify Exchange of Disenrollment from Qualified Health Plan SBS-ISS:04 – Receive Notice of Disenrollment from Qualified Health Plan

Exchange Business Service	Supporting Business Service
CBS-EXCH-EE:82 – Accept SHOP Employee Application Update	None identified.
CBS-EXCH-EE:83 – Verify SHOP Employee Application	SBS-TBD:04 – Validate Address Existence SBS-TBD:08 – Verify Whether Individual is an Indian
CBS-EXCH-EE:84 – Select SHOP Employee Qualified Health Plan	None identified.
CBS-EXCH-EE:85 – Process SHOP Employee Renewal Request	None identified.

5.3 Stakeholder-Provided Business Services

As outlined in subsection 5.1.2, stakeholders provide supporting business services to enable their interaction with the Exchange. Table 40 provides a preliminary summary of the supporting business services by stakeholder.

Table 40. Supporting Business Services by Stakeholder

Stakeholder	Supporting Business Service
CMS	SBS-CMS:01 – Receive Eligibility Determination for Use in Operational Reporting SBS-CMS:04 – Verify Lawful Presence SBS-CMS:08 – Verify Household Income SBS-CMS:10 – Receive Notice of Enrollment SBS-CMS:11 – Receive Notice of Disenrollment from Qualified Health Plan SBS-CMS:13 – Receive Monthly Enrollment Report SBS-CMS:17 – Report Individual Exemption Status to IRS SBS-CMS:23 – Receive Notice of Termination of Employer's Participation in SHOP Exchange SBS-CMS:26 – Calculate Maximum Advance Premium Tax Credit SBS-CMS:27 – Receive Notice of SHOP Exchange Employer Participation SBS-CMS:29 – Receive Notice of Exchange Appeal Decision SBS-CMS:30 – Receive Notice of Enrollee Changes and Renewals
In-State Medicaid, CHIP and BHP	SBS-OASHSP:02 – Verify Whether Individual Has Already Been Determined Eligible for Medicaid, CHIP or BHP SBS-OASHSP:03 – Receive Enrollment Transaction for Individual Determined Eligible for Medicaid, CHIP or BHP SBS-OASHSP:04 – Determine Individual Eligibility for Medicaid or CHIP Based on Factors Other than MAGI
Issuer	SBS-ISS:01 – Receive Monthly Enrollment and APTC/CSR Report for Reconciliation SBS-ISS:02 – Receive Notice of Enrollment and Payment SBS-ISS:03 – Notify Exchange of Disenrollment from Qualified Health Plan SBS-ISS:04 – Receive Notice of Disenrollment from Qualified Health Plan SBS-ISS:14 – Receive Notice of Enrollee Changes and Renewals

Stakeholder	Supporting Business Service
Other Information Sources To Be Determined	SBS-TBD:01 – Verify Employer Identification Number SBS-TBD:02 – Retrieve Current Income Data SBS-TBD:04 – Validate Address Existence SBS-TBD:05 – Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage SBS-TBD:06 – Verify Individual Unemployment Insurance SBS-TBD:07 – Verify Individual Eligibility for Other Public Minimum Essential Coverage SBS-TBD:08 – Verify Whether Individual Is an Indian SBS-TBD:09 – Verify Individual Incarceration Status SBS-TBD:11 – Verify Individual Residency Status

5.4 Business Service Reuse

Understanding business service reuse helps to prioritize service specification, implementation activities, and the breadth of business areas that business service reuse needs to support.

Table 41 identifies where and how frequently Exchange Business Services are used across the Eligibility & Enrollment business area. Exchange Business Services with the largest amount of total reuse should be considered for early analysis and implementation.

Table 41. Reused Exchange Business Services (Instances of Reuse)

Reused Exchange Business Services	Individual E&E	Individual Responsibility Exemption	SHOP Employer E&E	SHOP Employee E&E	Total Reuse
CBS-EXCH-EE:01 – Validate Application Submission	2	2	2	2	8
CBS-EXCH-EE:02 – Manage Account	7	4	7	6	24
CBS-EXCH-EE:03 – Review and Adjudicate Alternative Documentation	3	3	3	3	12
CBS-EXCH-EE:04 – Process Individual Eligibility and Enrollment Renewal Request	1				1
CBS-EXCH-EE:06 – Verify Lawful Presence	2				2
CBS-EXCH-EE:07 – Verify Individual Eligibility for Public Minimum Essential Coverage	2				2
CBS-EXCH-EE:08 – Verify Household Income	2				2
CBS-EXCH-EE:10 – Calculate Federal Poverty Level	2				2
CBS-EXCH-EE:11 – Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage	2				2
CBS-EXCH-EE:12 – Determine Eligibility	2	2	2	2	8

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Reused Exchange Business Services	Individual E&E	Individual Responsibility Exemption	SHOP Employer E&E	SHOP Employee E&E	Total Reuse
CBS-EXCH-EE:13 – Refer Potentially Eligible Individuals to Medicaid and CHIP for Additional Screening	2				2
CBS-EXCH-EE:15 – Determine Eligibility for Advance Premium Tax Credits	2				2
CBS-EXCH-EE:16 – Determine Category for Cost-Sharing Reductions	2				2
CBS-EXCH-EE:17 – Qualify Individual for an Enrollment Period	2				2
CBS-EXCH-EE:18 – Determine Plan Availability and Calculate Plan Cost	2				2
CBS-EXCH-EE:19 – Select Individual Qualified Health Plan	2				2
CBS-EXCH-EE:20 – Assess Current Qualified Health Plan Enrollment Status	2				2
CBS-EXCH-EE:21 – Communicate to Issuer Regarding Enrollment in Qualified Health Plan	2			2	4
CBS-EXCH-EE:22 – Report Enrollment in Qualified Health Plan	2			2	4
CBS-EXCH-EE:23 – Disenroll from Qualified Health Plan	2			2	4
CBS-EXCH-EE:24 – Conduct Eligibility Appeal	1	1			2
CBS-EXCH-EE:26 – Implement Adjusted Eligibility Determination Resulting from Appeal	1				1
CBS-EXCH-EE:27 – Halt Appeals Processing	1	1			2
CBS-EXCH-EE:29 – Accept Individual Eligibility Application	1				1
CBS-EXCH-EE:30 – Accept Individual Eligibility Application Update	2				2
CBS-EXCH-EE:					
CBS-EXCH-EE:33 – Verify Whether Individual Is an Indian	2				2

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Reused Exchange Business Services	Individual E&E	Individual Responsibility Exemption	SHOP Employer E&E	SHOP Employee E&E	Total Reuse
CBS-EXCH-EE:34 – Verify Incarceration Status	2				2
CBS-EXCH-EE:35 – Enroll in Medicaid, CHIP or BHP	2				2
CBS-EXCH-EE:36 – Verify Individual Residency Status	2				2
CBS-EXCH-EE:37 – Communicate Individual Eligibility Determination	2				2
CBS-EXCH-EE:41 – Accept Individual Exemption Application		1			2
CBS-EXCH-EE:42 – Verify Information Required for Exemption		2			2
CBS-EXCH-EE:43 – Accept Individual Exemption Application Update		2			2
CBS-EXCH-EE:45 – Report on Individual Exemption Status		2			2
CBS-EXCH-EE:46 – Process Individual Exemption Renewal Request		1			1
CBS-EXCH-EE:61 – Accept SHOP Employer Application			1		1
CBS-EXCH-EE:62 – Verify Employer Identity			2		2
CBS-EXCH-EE:63 – Determine SHOP Employer Contribution			2		2
CBS-EXCH-EE:64 – Terminate Employer Participation			2		2
CBS-EXCH-EE:65 – Process Employer Participation Renewal			1		1
CBS-EXCH-EE:66 – Conduct SHOP Eligibility Appeal			1	1	2
CBS-EXCH-EE:67 – Verify Employee Roster			2		2
CBS-EXCH-EE:68 – Communicate to Employees Regarding Availability of Insurance Through SHOP Exchange			2		2
CBS-EXCH-EE:70 – Accept SHOP Employer Application Update			2		2
CBS-EXCH-EE:81 – Accept SHOP Employee Application				1	1
CBS-EXCH-EE:82 – Accept SHOP Employee Application Update				2	2

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Reused Exchange Business Services	Individual E&E	Individual Responsibility Exemption	SHOP Employer E&E	SHOP Employee E&E	Total Reuse
CBS-EXCH-EE:83 – Verify SHOP Employee Application				2	2
CBS-EXCH-EE:84 – Select SHOP Employee Qualified Health Plan				2	2
CBS-EXCH-EE:85 – Process SHOP Employee Renewal Request				1	1

Table 42 lists re-used supporting businesses and the corresponding Exchange Business Services they support. Supporting Business Services with the largest amount of reuse should be considered for early analysis and implementation.

Table 42. Reused Supporting Business Services

Reused Supporting Business Services	Exchange Business Services
SBS-CMS:08 – Verify Household Income	CBS-EXCH-EE:04 – Process Individual Eligibility and Enrollment Renewal Request CBS-EXCH-EE:08 – Verify Household Income
SBS-CMS:29 – Receive Notice of Exchange Appeal Decision	CBS-EXCH-EE:24 – Conduct Eligibility Appeal CBS-EXCH-EE:66 – Conduct SHOP Eligibility Appeal
SBS-TBD:04 – Validate Address Existence	CBS-EXCH-EE:67 – Verify Employee Roster CBS-EXCH-EE:83 – Verify SHOP Employee Application
SBS-TBD:08 – Verify Whether Individual Is an Indian	CBS-EXCH-EE:33 – Verify Whether Individual Is an Indian CBS-EXCH-EE:83 – Verify SHOP Employee Application

Acronyms

APTC	Advance Premium Tax Credit
BHP	Basic Health Program
CBS	Core Business Service
CCIIO	Center for Consumer Information and Insurance Oversight
CHIP	Children's Health Insurance Program
CIO	Chief Information Officer
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-Sharing Reductions
DCIO	Deputy Chief Information Officer
DHS	Department of Homeland Security
DOD	Department of Defense
EE	Eligibility and Enrollment
EIN	Employer Identification Number
FOA	Funding Opportunity Announcement
FPL	Federal Poverty Level
FTI	Federal Taxpayer Information
HHS	U.S. Department of Health and Human Services
IRS	Internal Revenue Service
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
PII	Personally Identifiable Information
SBS	Supporting Business Service
SHOP	Small Business Health Options Program
SSA	Social Security Administration
SSN	Social Security Number
VA	Veteran's Administration

List of References

1. *Exchange Reference Architecture: Foundation Guidance*, Draft, Version 0.99, Centers for Medicare & Medicaid Services (CMS), March 13, 2011.

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