
CMCS Informational Bulletin

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FROM: Cindy Mann, Director
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SUBJECT: Model Eligibility Application and Guidance on State Alternative Applications

Today, the Centers for Medicare & Medicaid Services (CMS) is releasing the model single, streamlined application. States may choose to use the model application, or may develop an “alternative” application that is approved by CMS. For states in which there is a Federally-facilitated Marketplace the state’s Medicaid/CHIP agency will accept the model form and may, in addition, develop an alternative application approved by CMS.

Beginning on October 1, 2013, the new Health Insurance Marketplace, also known as the Affordable Insurance Exchange, and State Medicaid and Children’s Health Insurance Program (CHIP) agencies will use a single, streamlined application to determine eligibility for enrollment into Qualified Health Plans (QHPs) and for insurance affordability programs including advance payments of the premium tax credit (APTCs), cost-sharing reductions (CSRs), Medicaid, and CHIP.

This release has three components, which are all available for review at <http://www.medicaid.gov/State-Resource-Center/Events-and-Announcements/Events-and-Announcements.html>. The model online application will be available soon to the public:

- **Application for Health Coverage & Help Paying Costs (Short Form)** – This paper application can be used by individuals who meet the criteria specified in the application to receive an eligibility determination for enrollment through the Marketplace or for Medicaid and CHIP. The form is accompanied by Appendix C “Assistance with Completing this Application”.
- **Application for Health Coverage & Help Paying Costs** – This paper application can be used to determine eligibility for an individual or family applying for enrollment through the Marketplace, Medicaid and CHIP. The “Application for Health Coverage & Help Paying for Costs” document is accompanied by three appendices: 1) Appendix A: “Health Coverage from Jobs and Employer Coverage Tool,” assists employees in gathering the necessary information to answer employer sponsored health coverage questions on the application; 2)

Appendix B “American Indian or Alaska Native Family Member (AI/AN)” provides specific guidance for the AI/AN community; and 3) Appendix C “Assistance with Completing this Application” includes general instructions for all applicants.

- **Application for Health Coverage** – This paper application supports eligibility determinations for enrollment through the Marketplace for applicants who wish to be considered for coverage through a Qualified Health Plan (QHP) without financial assistance. The application for health coverage is also accompanied by Appendix C “Assistance with Completing this Application”.

I. Background

Section 1413 of the Affordable Care Act directs the Secretary of Health and Human Services (HHS) to develop and provide to each state a single, streamlined form that applicants may use to apply for coverage in QHPs and insurance affordability programs, including APTCs, CSRs, Medicaid, and CHIP. Individuals must be able to submit the application online, by mail, over the telephone or in person and the application may be submitted to a Marketplace, state Medicaid agency, or to a CHIP agency. The application must be structured to maximize an applicant’s ability to complete the form satisfactorily, taking into account the characteristics of individuals who may qualify for the programs by developing materials at appropriate literacy levels and ensuring accessibility. A state may develop and use its own single, streamlined application if approved by the Secretary.

The Marketplace will begin accepting applications for coverage on October 1, 2013 for coverage that starts on January 1, 2014. This initial open enrollment period extends to March 31, 2014, but the Marketplace will also accept applications and make eligibility determinations (including a determination as to whether an individual qualifies for a special enrollment period) throughout the course of the year. Medicaid and CHIP agencies will also begin to use a single streamlined application on October 1, 2013. As proposed in our January 22, 2013 Notice of Proposed Rulemaking (78 FR 4596) at 42 CFR §435.1205, Medicaid and CHIP agencies must make available a single streamlined application as of October 1, 2013, in addition to their applications already in use for those who want to apply for coverage effective before January 1, 2014.

Development of the Model Single, Streamlined Application

In addition to the policy, operations and technology considerations employed during the development of the application, the model application materials directly reflect input received over several months through the public comment process provided for in the Paperwork Reduction Act (PRA), extensive consumer testing and state and other stakeholder consultation.

- **Public Comments:** CMS published 30-day and 60-day PRA notices giving the public an opportunity to provide feedback on the application. This resulted in approximately 180 comments largely focused on ideas for clarifying the wording of the questions and the information being requested from applicants.

- **Consumer Testing:** CMS employed an iterative approach to testing the model application materials at several stages of development. CMS conducted multiple rounds of testing with individuals and small groups consisting of uninsured individuals and those who currently buy insurance on the individual market. These groups also varied by location, education level and income.
- **Stakeholder Consultation:** CMS sought input from a variety of stakeholders including state Medicaid, CHIP, and Marketplace officials; health insurance issuers; consumer advocates; and representatives of the American Indian and Alaska Native community. We also worked closely with partners from other federal agencies.

II. Guiding Principles for Application Development

CMS adhered to the following basic principles as we designed the single, streamlined application. These principles formed the basis for the design and content of the application materials and also informed forthcoming guidance for states on the parameters for development of alternative applications.

- **Minimize the burden on consumers.** The model application strives to make the enrollment process as simple as possible for applicants by collecting only the data necessary to determine eligibility.

Integrate data sources to simplify the application process. A unique quality of the model online application is that it incorporates, through the process, eligibility verification that utilizes electronic data available through the new Federal Data Services Hub (Hub) as well as from other data sources.

Provide help throughout the application process.

The model online application provides easy references to help by displaying the call center telephone number in key locations as well as links to help in the community and on-line guidance.

Process for Alternative Application Submission and Approval

CMS is meeting regularly with states to provide technical assistance to State-based Marketplaces as well as Medicaid and CHIP agencies to facilitate adoption of the model application, or throughout the development of an alternative application. CMS will share additional guidance with states about the review and approval of alternative applications in light of this release of the model single, streamlined application. To request technical assistance or for questions relating to this guidance please contact Anne Marie Costello, Director, Division of Eligibility, Enrollment and Outreach, CMCS at 410-786-5175 or Hilary Dalin, Technical Advisor, State Exchange Group at 301-492-4343.