# Federal Data Services Hub (Federal DSH)
# Account Transfer (AT) Business Service Definition (BSD)

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# 1   Introduction

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (PPACA) (P.L. 111-148). On March 30, 2010, the President signed into law the Healthcare and Education Reconciliation Act of 2010 (P.L. 111-152). Together, the two laws expand Medicaid coverage to millions of low-income Americans and make numerous improvements to both Medicaid and the Children's Health Insurance Program (CHIP). These two laws are known as the Affordable Care Act (ACA).

The ACA creates new competitive private health insurance markets, or Marketplaces, which provide millions of Americans and small businesses access to affordable coverage and the same insurance choices as members of Congress. Marketplaces help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices. Marketplaces are required to incorporate interoperable and secure standards and protocols the Secretary of the Department of Health and Human Services (HHS) developed in accordance with section 3021 of the Public Health Service (PHS) Act.

This is a living document that evolves, and that the Quality Software Services, Incorporated (QSSI) Federal Data Services Hub (Federal DSH) or the Hub Team, hereinafter the Team, updates upon identification of more timely and effective procedures.

See *Appendix D - Referenced* Documents for a list and description of documents this document references or that are applicable to the development and use of this document.

## 1.1   Purpose

The ACA requires the use of a single, streamlined application to determine eligibility for enrollment in a qualified health plan (QHP), and for insurance affordability programs, including advance payment of the premium tax credit (APTC), cost-sharing reductions (CSRs), Medicaid, CHIP, or the Basic Health Program (BHP) where applicable. As part of the eligibility determination process, the system may also use this data to identify Applicants who qualify for an exemption from the individual responsibility requirement. The ability of an individual to access the appropriate coverage across multiple insurance affordability programs through a single, streamlined application and coordinated eligibility process means that no matter how an individual submits an application, or which insurance affordability program the Applicant may be eligible for, an individual experiences a consistent process and receives a consistent eligibility determination, without the need to submit information to multiple entities.

In addition to other eligibility requirements, section 1312(f)(3) of the ACA specifies that in order to be eligible to enroll in a QHP through the Marketplace, an individual must be a citizen or a national, or otherwise be lawfully present. Section 1411(b)(2)(A) of the ACA requires that all individuals seeking to purchase coverage through Marketplaces who attest citizenship provide their Social Security Number (SSN) to the Marketplace. Section 1411(c)(2)(A) then requires the Secretary of HHS to transmit this information, along with the name and date of birth (DOB) of such Applicants, to the Commissioner of the Social Security Administration (SSA) for verification.

Section 1902(a)(46) of the Social Security Act (the Act) specifies that State Medicaid agencies must verify an Applicant's declaration of citizenship by requiring the individual to provide satisfactory documentation in accordance with section 1903(x) of the Act, or by conducting an electronic data match with SSA in accordance with section 1902(ee) of the Act. Section 1137 of

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the Act and 42 Code of Federal Regulations (CFR) § 435.910 require Applicants for Medicaid who have, or are eligible for, an SSN to provide their SSN, which SSA must verify, in accordance with regulations at 42 CFR § 435.910.

Section 1943(b) of the Act (as added by section 2201 of the ACA) requires that Medicaid and CHIP agencies use the same streamlined enrollment system and secure electronic interface established in section 1413 and described in sections 1411(c) and 1411(d) of the ACA as the Marketplace to verify information. This includes an SSN and declaration of citizenship to make an eligibility determination and facilitate a streamlined eligibility and enrollment system among all insurance affordability programs.

## 1.2 Account Transfer BSD

This document describes the Federal DSH Account Transfer (AT) Service, a real-time service that transfers an Applicant application and all verification data obtained by the Marketplace to the appropriate Medicaid or CHIP agency.

As the 2013 Computer Matching Agreement (CMA) between the Centers for Medicare & Medicaid Services (CMS) and State-based administering entities (which includes State-Based Marketplaces (SBMs) and State Medicaid and CHIP agencies) documents, Requesters can only request those data elements needed to support an eligibility determination. This document describes the operational scenarios under which Requesters request each data element.

**Note**: This Business Service Definition (BSD) is under configuration control. The BSD is a living document and updates occur as necessary to reflect the most timely and effective procedure(s). The Federally Facilitate Marketplace (FFM) and the Hub release artifacts reflect requirements defined to date and are subject to change. In consuming these artifacts, State-based administering entities must factor in the need to accommodate future changes as the Team refines and adjusts FFM and Hub requirements. *Appendix E - Record of Changes* documents changes so recipients of updated artifacts can identify changes from one revision to another.

## 1.3 Scope

This document describes service interactions, assumptions, activities, and data elements for the AT Service. This document does not provide a technical interface specification describing technical aspects of the integration including systems, technical integration mechanisms, or other technical considerations.

## 1.4 Intended Audience

This service is available to the FFM and to SBMs and Medicaid/CHIP agencies (and as applicable, State agencies participating in BHP) who executed the 2013 CMA between CMS and State-based administering entities for disclosure of insurance affordability programs information under the PPACA (No. 2013-11). Requesters that consume this data must make and use provisions of data and verification of data pursuant to terms and conditions in that CMA.

# 2 Overview

This section presents an overview of the AT Service.

## 2.1 Operational Description

The AT Service facilitates the transfer of an account from the FFM to Medicaid/CHIP and from Medicaid/CHIP to the FFM for an eligibility determination.

The following list presents AT Service scenarios in which the FFM makes a determination, assessment, or referral decision and transfers an account to Medicaid/CHIP:

- Applicant determined eligible or assessed as potentially eligible for Medicaid based on Modified Adjusted Gross Income (MAGI)
- Applicant determined eligible or assessed as potentially eligible for CHIP
- Applicant referred by FFM to Medicaid for non-MAGI eligibility determination based on screening questions
- Applicant requested full determination of eligibility for Medicaid/CHIP
- Applicant determined eligible or assessed as potentially eligible for CHIP, but subject to a waiting period, and referred to State for waiting period exception processing
- Applicant determined eligible or assessed as potentially eligible for emergency Medicaid benefits
- Applicant determined eligible or assessed as potentially eligible for Refugee Medical Assistance

An AT Service scenario in which the State Medicaid/CHIP agency makes a determination, assessment, or referral decision and transfers an account to the FFM, is if an applicant is deemed ineligible for Medicaid/CHIP.

For this scenario, the FFM or State Medicaid/CHIP agency initiates the same AT Service request to the Hub, and the Hub forwards the account to the appropriate recipient. The receiving agency receives the referral, sends an acknowledgement to the Sender via the Hub, processes the referral, and sends a response with the disposition to the Sender via the Hub. Agency processing differs depending on whether the State elects to be an assessment or a determination State.

### 2.1.1 Initiating Events

The following events initiate the AT Service:

- Initial transfer
- Transfer due to a self-reported change
- Periodic matching
- Annual redetermination

The AT Service process is the same for each event. The following scenarios apply to the events in *Section 2.1.1 - Initiating Events*:

- Applicant determined eligible or assessed as potentially eligible for Medicaid based on MAGI
- Applicant determined eligible or assessed as potentially eligible for CHIP
- Applicant referred by FFM to Medicaid for non-MAGI eligibility determination based on screening questions
- Applicant requested full determination of eligibility for Medicaid/CHIP
- Applicant determined eligible or assessed as potentially eligible for CHIP, but subject to a waiting period, and referred to State for waiting period exception processing
- Applicant determined eligible or assessed as potentially eligible for emergency Medicaid benefits
- Applicant determined eligible or assessed as potentially eligible for Refugee Medical Assistance
- Medicaid/CHIP Applicant determined ineligible for Medicaid/CHIP

# 2.2 Stakeholders and Authoritative Sources

*Table 1 - AT Service Stakeholders* identifies stakeholders for the AT Service, their respective responsibilities, and information for which each stakeholder is the authoritative source.

**Table 1 - AT Service Stakeholders**

| Stakeholder | Responsibilities | Information for which Stakeholder is Authoritative Source |
|---|---|---|
| FFM | The FFM performs the following actions:<br><br>• Provides Applicant application information to Medicaid/CHIP if FFM determines or assesses Applicant is eligible for Medicaid/CHIP<br>• Receives eligibility determination from Medicaid/CHIP | Account information, including application data, certain verification data, and eligibility determinations |
| HHS | HHS provides policy and guidance to the Marketplaces/Medicaid/CHIP agencies for eligibility determination. | Policy, guidance, and verification transaction history |
| Federal DSH | The Federal DSH manages services in the following ways:<br><br>• Coordinates transmission of requests and responses among FFM and Medicaid/CHIP, and records transaction history to support audits<br>• Records transaction history to support audits of transmission requests and responses through the Hub | Transaction history to support audits of transmission requests and responses through the Hub |
| Medicaid/CHIP | Medicaid/CHIP performs the following actions:<br><br>• Provides Applicant application information to FFM if Medicaid/CHIP determines Applicant is not eligible for Medicaid/CHIP<br>• Receives eligibility determination, assessment, or referral from FFM | Account information, including application data, certain verification data, and eligibility determinations |

## 2.3 Outcomes

The FFM or Medicaid/CHIP transfers an account to the agency that operates a program for which an Applicant may be eligible and receives the eligibility determination response.

## 2.4 Data Transfer

The Hub and the trusted data source (TDS) exchange information through services that support synchronous calls between the two. SOAP messages conforming to SOAP version 1.2 are the information exchange vehicles along a SOAP message path via Hypertext Transfer Protocol Secure (HTTPS). Data follows a sequence of Request > Process > Respond with Results. *Figure 1 - Basic SOAP Message for HTTPS Binding* provides the basic SOAP message structure for the service.

**SOAP Message (HTTPS Binding)**

**HTTPS Headers**

soap:Envelope

soap:Header

WS-Security Header

WS Security Elements

soap:Body

Business Service Message Elements
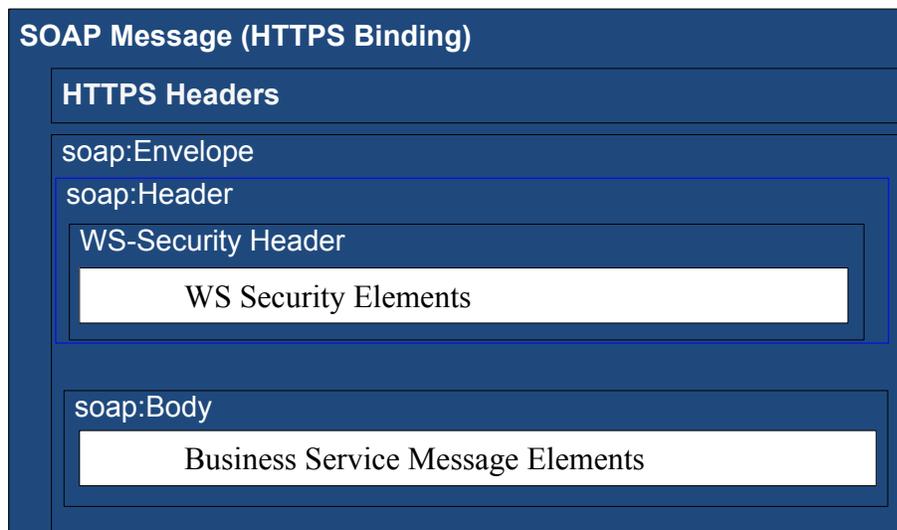
**Figure 1 - Basic SOAP Message for HTTPS Binding**

## 2.5 Transactions

A transactional message exchange pattern requiring real-time or near-real time (synchronous) responses supports the transfer of data between the Hub and the TDS. The following steps describe the process flow:

1.  The Hub establishes a connection/session with the TDS and sends a SOAP message request for a synchronous SOAP message response.
2.  The Hub transfers the SOAP message request to the TDS via the request service call on the TDS-provided endpoint.
3.  The TDS validates the security information available in the SOAP message.
    a.  If the TDS fails to authorize the SOAP message from the Hub, the TDS sends a SOAP fault to the Hub.
    b.  If the TDS detects business errors within the message, the TDS sends an error message to the Hub via a response code.
    c.  If the TDS detects no errors, the SOAP message request continues processing.

4.  After the TDS completes processing, the TDS sends the SOAP message response to the Hub.

## 2.6 Environments

*Figure 2 - Applicable Hub Environments* displays the Hub environments used to conduct Sprint-level development, integration with the FFM, and informal and formal testing with States and TDSs.
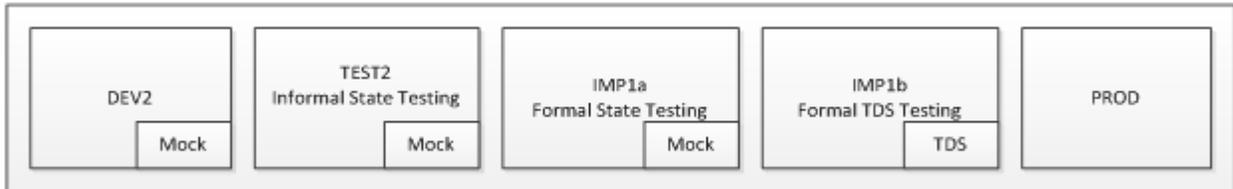


**Figure 2 - Applicable Hub Environments**

## 2.7 Preconditions, Assumptions, and Constraints

This section presents preconditions, assumptions, and constraints that apply to the AT Service.

### 2.7.1 Preconditions

*Table 2 - AT Preconditions* identifies preconditions that apply to the AT Service.

**Table 2 - AT Preconditions**

| Precondition | Description |
|---|---|
| AT from the FFM to State | The Hub successfully validates the AT content from the FFM. |
| AT from State to the FFM | The Hub successfully validates the AT content from the State. |

### 2.7.2 Assumptions

The following assumptions apply to the AT Service:

- State Medicaid/CHIP agencies develop a service to receive transfers through the AT Service.
- The data model/file layout in *Section 3 - Data Element Definitions* is the same for transfers from the FFM to States and from States to the FFM. States may use an approved alternative application; however, the AT Service data model is the same.
- AT referrals include data elements associated with the Verify Lawful Presence (VLP) v33 Service, as applicable.
- The Sender always transfers an account after completing the VLP Step 1 verification process, as applicable. Depending on the version of VLP service, the recipient can choose to restart the VLP Step 1 verification process.

# 2.7.3 Constraints

The following list identifies factors that limit Team ability to implement the AT Service:

- The AT Service transfers accounts from the FFM to Medicaid/CHIP and from Medicaid/CHIP to the FFM.
- The Hub is not responsible for identifying when an eligibility assessment is required; it simply forwards the application that triggers this service.
- The AT Service includes all Applicants listed on the application in a single transfer.
- The Hub uses recipient information in the AT application header to identify the destination.
- The system sends all referrals from the FFM to Medicaid/CHIP to a single location for each State. The State Code (data element) in the Transfer Header section identifies the State location. The receiving entity at the State coordinates the referral between various agencies (Medicaid, CHIP, and county-level administration of programs). The Recipient in the Referral Header section determines the agency to which the Applicant is referred.
- The system sends all referrals from Medicaid/CHIP to a single FFM location. The State Code (data element) in the Application Header section is optional when the FFM is the recipient.
- The Sender generates a unique Application identifier (ID), Transfer ID, and Referral ID when initiating a transfer.
- The Application ID is at the application level. The Recipient includes the Application ID in the response.
- The Transfer ID identifies a specific transfer (e.g., initial transfer, update, etc.) and is at the application level. The Recipient includes the appropriate Transfer ID in the response.
- Each referred Applicant has a Referral ID. The Recipient includes the Referral ID in the response.
- Household members who are only in the AT for informational purposes do not have Referral IDs.
- The Sender generates a new Transfer ID and Referral ID when the transfer initiates later due to self-reported change, redetermination, periodic match, etc.
- The Hub uses Recipient information in the Transfer Header section to identify the endpoint. The Hub has an internal look-up mechanism to access this information.
- For States that for any reason cannot use the Web service to receive ATs, the Hub temporarily delivers the AT payload to the State Secure Point of Entry (SPOE) Folder in an Extensible Markup Language (XML) file via the CMS Enterprise File Transfer (EFT) system.
- When the FFM assesses an Applicant as potentially eligible for Medicaid or CHIP and identifies open verification issues, the State addresses the inconsistencies.
- When the FFM determines an Applicant is eligible for Medicaid and identifies open verification issues related to SSN, citizenship, or immigration status, the FFM handles the resolution of these issues and notifies the applicable State agency when the issues are resolved (or remain unresolved at the close of the resolution period) via an updated AT.
- When the FFM determines an Applicant is eligible for Medicaid and identifies open verification issues that are not related to SSN, citizenship, or immigration status (e.g., related to income), the FFM handles the resolution of these issues before transferring the account. Header fields identify the inconsistency's resolution and the transfer contains a full payload.

- If an Applicant is assessed eligible for Medicaid (non-MAGI based) and CHIP, the AT structure provides necessary Applicant details for each program. See *Section 3 - Data Element Definitions* for details.
- The AT Service is synchronous from the FFM to the State and the State to the FFM, via the Hub.
- For all referrals from the FFM to a State agency, the State agency sends a response, including the following scenarios:
  - The State determines the Applicant is not eligible for Medicaid/CHIP.
  - The State determines the Applicant is eligible for Medicaid/CHIP.
  - The determination State sends a response to communicate provisional acceptance of a referral in an inconsistency period.
- For referrals from a State agency to the FFM, the State only receives an acknowledgement from the Hub and does not receive determination responses from the FFM.
- If available at the time of the transfer or response, the AT details include enrollment status.
- The FFM is aware of which States are not authorized to receive Federal Tax Information (FTI) and filters out this information when building the transfer file. A State look-up table in the FFM maintains information about which States are authorized to receive FTI.
- The Recipient calls the Hub to send an eligibility response.
- The Hub passes an error code to the Sender if the incoming request fails any functional edits or rule-based validations. See *Section 3.2 - Response Codes for Real-Time Transactions* for details.
- All referral decision transfers use the same file layout.
- All update transfers use the same file layout.
- The Hub handles acknowledgements and referral decisions in the following manner:
  - The Hub sends an acknowledgement for every request. The acknowledgement indicates successful receipt or error conditions.
  - For referral decisions, the Recipient calls the Hub when the response is ready. The Hub passes the referral decision to the Sender. The Sender receives the referral decision and the Hub sends a real-time acknowledgement.
- If the Recipient does not respond to the Hub within the timeline the Service Level Agreement (SLA) identifies, the Hub sends an error/time-out response to the Sender. The authoritative data source SLA determines the wait period. (SLA to be determined (TBD))

# 2.8 Timing and Frequency

AT Service requests occur during the annual open enrollment period (October through March for 2014; October through December for 2015 and later) and throughout the year.

# 2.9 Interaction Model

*Figure 3 - FFM-to-Medicaid/CHIP Interaction Model* illustrates the FFM-to-Medicaid/CHIP interaction model for the AT Service.
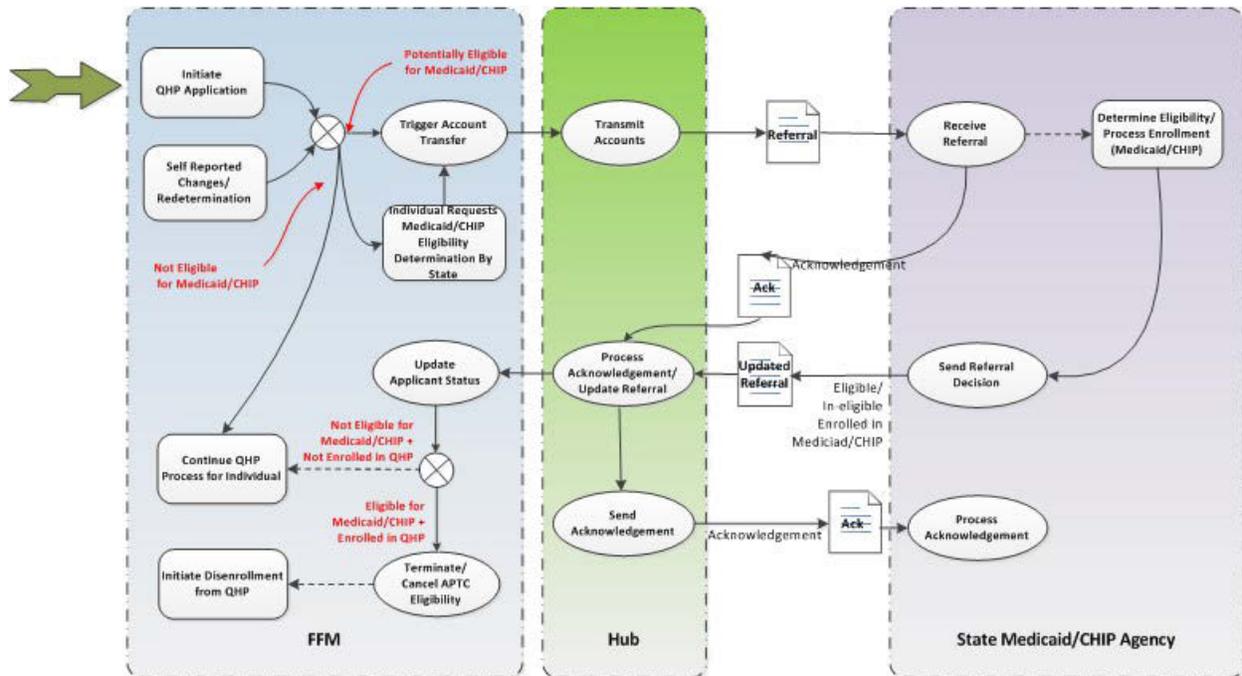


**Figure 3 - FFM-to-Medicaid/CHIP Interaction Model**

*Figure 4 - Medicaid/CHIP-to-FFM Interaction Model* illustrates the Medicaid/CHIP-to-FFM interaction model for the AT Service.
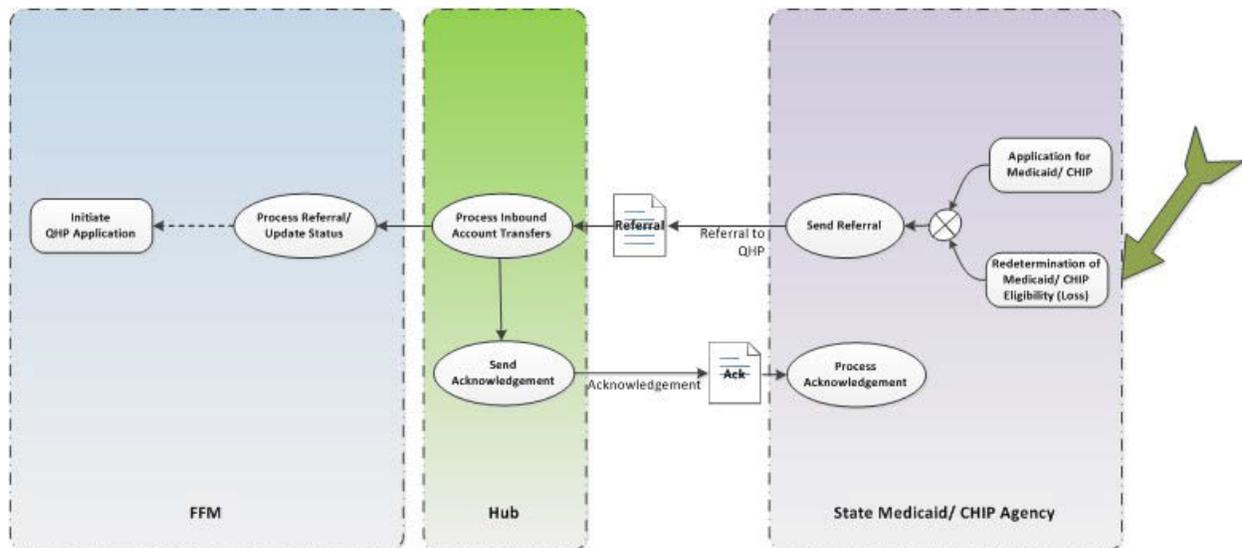


**Figure 4 - Medicaid/CHIP-to-FFM Interaction Model**

# 2.10     Activity Description

*Table 3 - AT Service Activities* presents activities associated with determining and assessing outcomes of the AT Service.

**Note**: These activities do not constitute an exhaustive set of scenarios for which the FFM and State will use the AT service.

**Table 3 - AT Service Activities**

| Activity | Steps |
|---|---|
| The FFM assesses an Applicant as potentially eligible for Medicaid/CHIP based on MAGI, and transfers the Applicant information to Medicaid/CHIP. | **FFM Activities**<br>1  The application filer submits an application to the FFM with a request for financial assistance.<br><br>2  The FFM uses Hub services to perform verifications.<br><br>3  The FFM assesses Medicaid/CHIP eligibility for each Applicant on the application based on MAGI.<br><br>4  The FFM notifies the household contact of the outcome of the Medicaid/CHIP eligibility assessment and the transfer status for each Applicant.<br><br>**FFM-to-State Activities**<br>1  The FFM sends a Medicaid/CHIP referral to the Hub.<br><br>2  The Hub transmits the Medicaid/CHIP referral to the State.<br><br>3  The State agency sends an acknowledgement of receipt of referral to the Hub.<br><br>4  The Hub forwards the referral acknowledgement to the FFM.<br><br>**State Activities**<br>1  The State agency determines if the Applicant already has a record and creates/updates the Applicant information.<br><br>2  The State agency performs the following steps:<br>    a.  The State agency applies additional eligibility rules and verification procedures as applicable, and makes a final eligibility determination.<br>    b.  The State agency notifies the household contact of the eligibility decision.<br>3  If the Applicant is eligible for Medicaid/CHIP, the State agency proceeds with the Medicaid/CHIP enrollment process. |

| Activity | Steps |
|---|---|
| The FFM assesses an Applicant as potentially eligible for Medicaid/CHIP based on MAGI and transfers the Applicant information to Medicaid/CHIP.<br><br>(continued) | **State-to-FFM Activities**<br>1  The State agency sends the eligibility decision to the Hub.<br><br>2  The Hub forwards the eligibility decision to the FFM.<br><br>3  The FFM sends an acknowledgement of receipt to the Hub.<br><br>4  The Hub forwards the acknowledgement to the State agency.<br><br>**FFM - Eligibility Activities**<br>1  The FFM updates the application/account status with the State agency eligibility decision.<br><br>2  If the State agency determination matches the FFM assessment, or the State determines the Applicant is ineligible due to a procedural denial, processing concludes.<br><br>3  If the State agency determines the Applicant is ineligible (based on other than procedural reasons), the FFM performs the following steps:<br><br>    a.  The FFM asks the household contact to review the version of the application received from the State; if the household contact edits the application and submits changes, the FFM determines eligibility for enrollment in a QHP and for APTC/CSR.<br>    b.  If the Applicant is eligible for enrollment in a QHP through the Marketplace, the FFM determines Applicant eligibility for an enrollment period.<br>    c.  The FFM notifies the household contact of the eligibility determination. |

| Activity | Steps |
|---|---|
| The FFM assesses an Applicant as not potentially eligible for Medicaid or CHIP. The Applicant requests that the FFM transfer his or her account to the State Medicaid/CHIP agency for an eligibility determination and the FFM does so. The Applicant can enroll in a QHP (with APTC/CSR, if applicable) in the interim. | **FFM Activities**<br><br>1 The application filer submits an application to the FFM with a request for financial assistance.<br><br>2 The FFM uses Hub services to perform verifications.<br><br>3 The FFM assesses Medicaid/CHIP eligibility for each Applicant on the application.<br><br>4 The FFM notifies the household contact of the outcome of the Medicaid/CHIP eligibility assessment for each Applicant and gives the household contact the opportunity to request a Medicaid/CHIP determination from the State.<br><br>5 The application filer requests that the FFM transfer his or her account to the State agency for a Medicaid/CHIP eligibility determination.<br><br>**FFM-to-State Activities**<br>1 The FFM sends a referral to the Hub.<br><br>2 The FFM notifies the household contact of the referral to Medicaid/CHIP.<br><br>3 The Hub transmits the Medicaid/CHIP referral to the appropriate State.<br><br>4 The State agency sends an acknowledgement of receipt of referral to the Hub.<br><br>5 The Hub forwards the referral acknowledgement to the FFM.<br><br>**State Activities**<br>1 The State agency determines if the Applicant already has a record and creates/updates the Applicant record.<br><br>2 The State agency applies additional eligibility rules and verification procedures, as applicable, and makes an eligibility determination.<br><br>3 The State agency notifies the household contact of the eligibility decision.<br><br>If the State agency determines the Applicant is eligible for Medicaid/CHIP, the State agency notifies the household contact of the Medicaid/CHIP eligibility determination and proceeds with the enrollment process for Medicaid/CHIP.<br><br>If the State agency determines the Applicant is ineligible for Medicaid/CHIP, the State agency notifies the household contact of the Medicaid/CHIP determination. |

| Activity | Steps |
|---|---|
| The FFM assesses an Applicant as not potentially eligible for Medicaid or CHIP. The Applicant requests that the FFM transfer his or her account to the State Medicaid/CHIP agency for an eligibility determination and the FFM does so. The Applicant can enroll in a QHP (with APTC/CSR, if applicable) in the interim.<br><br>(continued) | **State-to-FFM Activities**<br>1  The State sends the eligibility decision with enrollment information, if applicable, to the Hub.<br><br>2  The Hub forwards the eligibility decision and enrollment information to the FFM.<br><br>3  The FFM sends an acknowledgement of receipt to the Hub.<br><br>4  The Hub forwards the acknowledgement to the State.<br><br>**FFM - Eligibility Activities**<br>1  The FFM updates the account status with the State eligibility decision.<br><br>2  If the State determines Applicant is eligible for Medicaid/CHIP, the FFM does the following:<br><br>    a.  Redetermines QHP and APTC/CSR eligibility for all Applicants, and terminates QHP enrollment for Applicants eligible for Medicaid/CHIP<br>    b.  Notifies the household contact of the discontinuation of APTC/CSR eligibility and termination from QHP, if enrolled<br>3  If the State determines the Applicant is ineligible for Medicaid/CHIP, (including for a procedural denial) processing concludes.[1] |

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[1] If the Applicant is not already enrolled in a QHP and he/she returns to the Marketplace upon receipt of the Medicaid/CHIP ineligibility notice, he/she can enroll in a QHP if he/she is still in an open enrollment period or if he/she qualifies for a special enrollment period. A finding of Medicaid ineligibility in this case does not qualify an Applicant for an SEP.

| Activity | Steps |
|---|---|
| The FFM assesses an Applicant as not potentially eligible for Medicaid or CHIP. The Applicant answers yes to one or more of the non-MAGI screening questions and the FFM determines the Applicant as eligible for QHP and APTC/CSR. The FFM transfers the Applicant information to Medicaid for an eligibility determination. The Applicant can enroll in a QHP (with APTC/CSR, if applicable) in the interim. | **FFM Activities**<br>1  The application filer submits an application to the FFM with a request for financial assistance.<br><br>2  The FFM uses Hub services to perform verifications.<br><br>3  The FFM assesses Medicaid/CHIP eligibility for each Applicant on the application.<br><br>4  The FFM notifies the household contact of the outcome of the Medicaid/CHIP eligibility assessment for each Applicant, including that the Applicant was screened as potentially eligible for Medicaid based on factors other than MAGI, and regarding QHP/APTC/CSR eligibility, and transfer status for the non-MAGI Medicaid eligibility determination.<br><br>**FFM-to-State Activities**<br><br>1  The FFM sends a Medicaid referral to the Hub.<br><br>2  The Hub transmits the Medicaid referral to the State.<br><br>3  The State agency sends an acknowledgement of receipt of referral to the Hub.<br><br>4  The Hub forwards the referral acknowledgement to the FFM.<br><br>**State Activities**<br><br>1  The State agency determines if the Applicant already has a record and creates/updates the Applicant record.<br><br>2  The State agency conducts verification procedures as applicable, and determines the Applicant eligibility for Medicaid.<br><br>3  The State agency notifies the household contact of the eligibility decision.<br><br>4  If the Applicant is eligible for Medicaid, the State agency proceeds with the enrollment process for Medicaid.<br><br>**State-to-FFM Activities**<br><br>1  The State agency sends eligibility decision/enrollment information to the Hub.<br><br>2  The Hub forwards eligibility decision/enrollment information to the FFM.<br><br>3  The FFM sends an acknowledgement of receipt to the Hub.<br><br>4  The Hub forwards the acknowledgement to the State. |

| Activity | Steps |
|---|---|
| The FFM does not assess an Applicant as potentially eligible for Medicaid or CHIP. The Applicant answers yes to one or more of the non-MAGI screening questions and the FFM determines the Applicant as eligible for QHP and APTC/CSR. The FFM transfers the Applicant information to Medicaid/CHIP for an eligibility determination. The Applicant can enroll in a QHP (with APTC/CSR, if applicable) in the interim.<br><br>(continued) | **FFM - Eligibility Activities**<br><br>1  The FFM updates application/account status with the State agency's eligibility decision.<br><br>2  If the State agency determines the Applicant is not eligible for Medicaid, processing concludes.<br><br>3  If the State agency determines the Applicant is eligible for Medicaid, the FFM does the following:<br><br>    a.  Redetermines QHP and APTC/CSR eligibility for all Applicants, and terminates QHP enrollment for Applicants who are eligible for Medicaid<br>    b.  Notifies the household contact of the discontinuation of APTC/CSR eligibility and termination from QHP, if enrolled |

| Activity | Steps |
|---|---|
| The FFM assesses a QHP Enrollee as potentially eligible for Medicaid/CHIP after the Enrollee reports a change. The FFM refers the account to the appropriate State Medicaid/CHIP agency. | **FFM Activities**<br><br>1  The application filer/Applicant submits changes to the FFM.<br><br>2  The FFM uses Hub services to perform verifications.<br><br>3  The FFM assesses Medicaid/CHIP eligibility for each Applicant on the application.<br><br>4  The FFM notifies the household contact of an Applicant's potential eligibility for Medicaid/CHIP, and transfer status. The FFM does not redetermine eligibility for APTC/CSR, but instead starts a clock to await the State's final eligibility determination.<br><br>**FFM-to-State Activities**<br><br>1  The FFM sends a Medicaid/CHIP referral to the Hub.<br><br>2  The Hub transmits the Medicaid/CHIP referral to the State agency.<br><br>3  The State agency sends an acknowledgement of receipt of referral to the Hub.<br><br>4  The Hub forwards the referral acknowledgement to the FFM.<br><br>**State Activities**<br><br>1  The State agency determines if the Applicant already has a record and creates/updates the Applicant record.<br><br>2  The State agency applies additional eligibility rules and verification procedures, as applicable, and makes an eligibility determination.<br><br>3  The State agency notifies the household contact of the eligibility decision.<br><br>4  If the Applicant is eligible for Medicaid/CHIP, the State proceeds with the enrollment process for Medicaid/CHIP.<br><br>**State-to-FFM Activities**<br><br>1  The State agency sends eligibility decision/enrollment information to the Hub, if applicable.<br><br>2  The Hub forwards eligibility decision/enrollment information to the FFM, if applicable.<br><br>3  The FFM sends an acknowledgement of receipt to the Hub.<br><br>4  The Hub forwards the acknowledgement to the State agency. |

| Activity | Steps |
|---|---|
| The FFM assesses a QHP Enrollee as potentially eligible for Medicaid/CHIP after the Enrollee reports a change. The FFM refers the account to the appropriate State Medicaid/CHIP agency.<br><br>(continued) | **FFM - Eligibility Activities**<br><br>1. The FFM updates the application/account status with the State agency eligibility decision.<br><br>2. If the State agency determines the Applicant is ineligible (including for procedural reasons), the FFM performs the following steps:<br><br>   a. The FFM invites the household contact to review the version of the application received from the State; if the contact edits the application, he/she submits changes.<br>   b. The FFM determines QHP and APTC/CSR eligibility.<br>   c. If eligible for enrollment in a QHP, the FFM determines the Applicant's eligibility for an enrollment period.<br>   d. The FFM notifies the household contact of the eligibility determination.<br><br>3. If the State agency determines the QHP Enrollee is eligible for Medicaid/CHIP, the FFM does the following:<br><br>   a. Redetermines QHP and APTC/CSR eligibility for all Applicants, and terminates QHP enrollment for Applicants who are eligible for Medicaid/CHIP<br>   b. Notifies the household contact of the discontinuation of APTC/CSR eligibility and termination from QHP, if enrolled |

| Activity | Steps |
|---|---|
| A State agency determines an Applicant is not eligible for Medicaid/CHIP. The State agency may or may not assess the Applicant as potentially eligible for enrollment in QHP. The State agency refers the account to the FFM. | **State Activities**<br><br>1  The Applicant submits a Medicaid/CHIP application to a State agency.<br><br>2  The State agency performs verifications.<br><br>3  The State agency determines Applicant Medicaid/CHIP eligibility.<br><br>4  The State agency notifies the household contact of Medicaid/CHIP ineligibility and of referral to the Marketplace for a QHP/APTC/CSR eligibility determination.<br><br>**State-to-FFM Activities**<br><br>1  The State agency sends the QHP/APTC/CSR referral to the Hub.<br><br>2  The Hub forwards the QHP/APTC/CSR referral to the FFM.<br><br>3  The FFM sends an acknowledgement of receipt to the Hub.<br><br>4  The Hub forwards the acknowledgement to the State agency.<br><br>**FFM - Eligibility Activities**<br><br>1  The FFM determines if the household contact already has a record at the FFM.<br><br>2  If a match is not found, the FFM creates a new application, notifies the household contact, and waits for the Applicant to create an account and link it to the application.<br><br>3  If a match is found, the FFM updates the application status for the Applicant, and invites the household contact to review the version of the application received from the State. If the contact submits changes, the FFM performs the following activities:<br><br>   a.  The FFM determines Applicant eligibility for QHP and APTC/CSR.<br>   b.  If eligible for enrollment in a QHP, the FFM determines Applicant eligibility for an enrollment period.<br>   c.  The FFM notifies the household contact of Applicant eligibility status.<br><br>**FFM - Enrollment Activities**<br><br>1  If the Applicant is eligible for enrollment in a QHP, the FFM facilitates the QHP enrollment process. |

| Activity | Steps |
|---|---|
| A Medicaid/CHIP Enrollee loses eligibility for Medicaid and CHIP because of a self-reported update, a periodic data match, or an annual redetermination. The State agency transfers the Medicaid/CHIP Enrollee to the FFM for a QHP and APTC/CSR eligibility determination. | **State Activities** <br><br> 1  A State agency redetermines an Enrollee eligibility for Medicaid/CHIP in response to a self-reported update, a periodic data match, or an annual redetermination, and finds that the Enrollee is no longer eligible for Medicaid/CHIP. <br><br> 2  The State agency notifies the Applicant regarding the Medicaid/CHIP eligibility determination and of referral to the FFM for a QHP/APTC/CSR eligibility determination. The State agency does not transfer an account to the FFM when the ineligibility determination is for a procedural reason. <br><br> **State-to-FFM Activities** <br><br> 1  The State agency sends the QHP/APTC/CSR referral to the Hub. <br><br> 2  The Hub forwards the QHP/APTC/CSR referral to the FFM. <br><br> 3  The FFM sends an acknowledgement of receipt to the Hub. <br><br> 4  The Hub forwards the acknowledgement to the State agency. <br><br> **FFM - Eligibility Activities** <br><br> 1  The FFM determines if the household contact already has a record at the FFM. <br><br> 2  If a match is not found, the FFM creates a new application, notifies the household contact, and waits for the Applicant to create an account and link it to the application. <br><br> 3  If a match is found, the FFM updates the application status for the Applicant, and invites the household contact to review the version of the application received from the State. If the contact submits changes, the FFM performs the following activities: <br><br>    a.  The FFM determines Applicant eligibility for QHP and APTC/CSR. <br>    b.  If eligible for enrollment in a QHP, the FFM determines Applicant eligibility for an enrollment period. <br>    c.  The FFM notifies the household contact of Applicant eligibility status. <br><br> **FFM - Enrollment Activities** <br><br> 1  If the Applicant is eligible for enrollment in a QHP, the FFM facilitates the QHP enrollment process. |

# 2.11    Information Flow

*Table 4 - Information Exchange Summary* summarizes the information flows between activities illustrated in *Section 2.9 - Interaction Model* and described in *Section 2.10 - Activity Description*.

**Table 4 - Information Exchange Summary**

| Information Exchange ID | Information Exchange Label | Sender | Recipient | Description |
|---|---|---|---|---|
| EE-IE-01.10 | Request to Federal DSH | Marketplace | Federal DSH | See *Section 3 - Data Element Definitions* for data elements. |
| EE-IE-01.20 | Request to Medicaid/CHIP | Federal DSH | Medicaid/CHIP | See *Section 3 - Data Element Definitions* for data elements. |
| EE-IE-01.30 | Medicaid/CHIP acknowledgement of receipt | Medicaid/CHIP | Federal DSH | Acknowledgement response elements<br><br>See *Section 3 - Data Element Definitions* for data elements. |
| EE-IE-01.40 | Federal DSH acknowledgement of receipt | Federal DSH | Marketplace | Acknowledgement response elements<br><br>See *Section 3 - Data Element Definitions* for data elements. |

# 3  Data Element Definitions

This section presents the data elements and response codes for real-time transactions.

## 3.1 Data Elements for Real-Time Transactions

See *Figure 6 - Sprint 31 AT BSD v2.3.2 Data Architecture Artifacts* for the mapping spreadsheet. The mapping spreadsheet serves as a detailed data element table and shows how business names map to XML elements. Each worksheet (i.e., tab) of the mapping spreadsheet represents conceptually related elements: Transfer Header, Insurance Application, Applicant, Referral Header (including Sender and Receiver), Assister, Authorized Representative, Primary Contact, Household Member, Eligibility, Medicaid Household, Tax Return, and Verification. The organization of the worksheets matches the XML Schema structures to a large degree.

Each row in the mapping spreadsheet represents one data element. The Data Element Group and Data Element columns reflect the business name, which is often not the exact name of the element in the XML Schema. This is expected because business names are normalized to fit with the CIEM, previously known as the Canonical Data Model (CDM). A small number of elements have an FTI column. Some States are permitted to receive FTI elements; others are not.

Developers must consult the XPath column for the precise path to the data element in the XML Schema. The last portion of the path is the normalized name of the business element as it appears in an XML message.

*Table 5 - Data Element Spreadsheet Layout* presents a simplified row of the mapping spreadsheet; it indicates the element with the business name Applying for Financial Assistance in the Transfer Header Data Element Group appears in the XML as follows:

> exch:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicationRequestingFinancialAssistanceIndicator

**Table 5 - Data Element Spreadsheet Layout**

| Data Element Group | Data Element | Description | Req | Type | Min | Max | Occ | XPath |
|---|---|---|---|---|---|---|---|---|
| Transfer Header | Applying for Financial Assistance | Indicates if application filer seeks assistance paying for coverage | R | Boolean | N/A | N/A | 1 | exch:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicationRequestingFinancialAssistanceIndicator |

The fragment of the following XML message shows this element.

**Note**: As the XPath column indicates, the element is three steps down in the hierarchy (two steps below the exch:AccountTransferRequest root element).

> <exch:AccountTransferRequest>
> <hix-ee:InsuranceApplication>

<hix-ee:InsuranceApplicant>

<!-- etc -->

</hix-ee:InsuranceApplicant>

<hix-ee:InsuranceApplicationRequestingFinancialAssistanceIndicator>false</hix-ee:InsuranceApplicationRequestingFinancialAssistanceIndicator>

<!-- etc -->

</hix-ee:InsuranceApplication>

</exch:AccountTransferRequest>

# 3.2  Response Codes for Real-Time Transactions

*Table 6 - Message Response Codes* presents message response codes the system can send to the Marketplaces for real-time transactions.

**Table 6 - Message Response Codes**

| Message Response Code | Message Response Description Text | Description and/or Expected Action |
|---|---|---|
| HX009000 | Unexpected System Exception | The Hub expects the Sender to retry when the Sender receives this response. |
| HE001111 | One or More Rules Failed Validation | The validation rules failed; the Hub expects the Sender to fix the issues and retry. |
| HX005001 | Unexpected Exception Occurred at Trusted Data Source | The Hub expects the Sender to retry when the Sender receives this response. |
| HX005002 | Receiving Entity Unreachable | The Hub expects the Sender to retry when the Sender receives this response. |
| HX005003 | Unexpected Exception Occurred at Receiving Entity | The Recipient returns 9999 to represent an internal failure processing the request. The Hub expects the Sender to retry when the Sender receives this response. |
| HE007002 | No End Point Available | No action is required. |
| HE009999 | Unexpected Response Code | The request failed due to unknown business error condition. The Hub expects the Sender to investigate the issue and retry if applicable. |
| HS000000 | Success | The Recipient returns 0000 to represent successful request processing. |

**Note**: Response codes beginning with HX relate to system exceptions; Response codes beginning with HE relate to business error conditions.

# 4 Business Process Model and Scenarios

This section presents the AT Service business process model and scenarios.

## 4.1 Business Process Model for Real-Time Transactions

Table 7 - Business Process Model (Real-Time Transactions)*Table 7 - Business Process Model (Real-Time Transactions)* presents the AT Service business process model for real-time transactions.

**Table 7 - Business Process Model (Real-Time Transactions)**

| Item | Details |
|---|---|
| Description | The AT Service facilitates the transfer of an application from the FFM to Medicaid/CHIP, the receipt of a Medicaid/CHIP referral decision from Medicaid/CHIP to the FFM, and the receipt of an FFM referral decision. The transfer occurs for the following scenarios:<br><br>• Applicant determined eligible or assessed as potentially eligible for Medicaid based on MAGI<br>• Applicant determined eligible or assessed as potentially eligible for CHIP<br>• Applicant referred by the FFM to Medicaid for non-MAGI eligibility determination based on screening questions<br>• Applicant requested full determination of eligibility for Medicaid/CHIP<br>• Applicant determined eligible or assessed as potentially eligible for CHIP, but subject to waiting period and referred to State for waiting period exception processing<br>• Applicant determined eligible or assessed as potentially eligible for emergency Medicaid benefits<br>• Applicant determined eligible or assessed as potentially eligible for Refugee Medical Assistance<br>• Medicaid/CHIP Applicant determined ineligible for Medicaid/CHIP |
| Trigger Event | The Hub receives an AT Service request from the FFM or Medicaid/CHIP. |
| Result | The Hub passes the acknowledgement (and referral decision, if applicable) received from the Recipient to the Sender. |
| Business Process Steps | 1. The Hub receives a request from a Sender.<br><br>2. The Hub uses Recipient information in the request to perform a look-up to identify which receiving entity to call.<br><br>3. The Hub forwards the request to the Recipient.<br><br>4. The Hub receives an acknowledgement from the Recipient and forwards it to the Sender.<br><br>5. If applicable, the Recipient calls the AT Service to initiate the referral decision to the Sender.<br><br>6. The Hub forwards the referral decision to the Sender.<br><br>7. The Hub receives an acknowledgement from the Sender.<br><br>8. The Hub forwards the acknowledgement to the Recipient. |

| Item | Details |
|------|---------|
| Shared Data | • The data sent to the Sender is included in one transactional message.<br>• The data received from the Recipient is included in one transactional message. |
| Predecessor | The Hub receives an AT Service request from the Sender. |
| Successor | The Sender receives an acknowledgement and referral decision (if applicable) from the Recipient through the Hub. |
| Constraints | Data presented to the Hub must meet criteria this BSD outlines. |
| Failures | Failures consist of error conditions that result in the termination of the request. |
| Performance Measures | • The Hub sends an acknowledgement for every request. The acknowledgement indicates successful receipt or error conditions.<br>• If the Recipient does not respond to the Hub within the timeline the SLA identifies, the Hub sends an error/time-out response to the Sender. The authoritative data source SLA determines the wait period. |

# 4.2 Scenarios for Real-Time Transactions

*Table 8 - Scenarios (Real-Time Transactions)* presents the AT Service scenarios for real-time transactions.

**Table 8 - Scenarios (Real-Time Transactions)**

| Scenario | Process | Response Data Fields |
|----------|---------|----------------------|
| Data from the Sender is in the format acceptable to the Hub.<br><br>And<br><br>Data submitted to the Recipient is in the format acceptable to the Recipient. | 1  The Hub receives an AT Service request.<br><br>2  The Hub looks up the Recipient (i.e., Medicaid/CHIP agency or FFM).<br><br>3  The Hub forwards the request to the appropriate agency.<br><br>4  The Hub receives a response from the agency.<br><br>5  The Hub forwards the response received to the Sender. | **Sender-to-Hub**:<br>• See *Section 3 - Data Element Definitions* for data elements.<br><br>**Hub-to-Recipient**:<br>• See *Section 3 - Data Element Definitions* for data elements.<br><br>**Hub-to-Sender (Acknowledgement)**:<br>• ResponseCode<br>• ResponseDescriptionText |
| Data from the Sender is not in the format acceptable to the Hub. | The Hub sends an error to the Sender and discontinues processing. | **Sender (Marketplace)-to-Hub**:<br>• See *Section 3 - Data Element Definitions* for data elements.<br><br>**Hub-to-Marketplace**:<br>• ResponseCode<br>• ResponseDescriptionText<br>• TDSResponseDescriptionText |

| Scenario | Process | Response Data Fields |
|---|---|---|
| The Hub is not able to submit a request to Medicaid/CHIP because the Medicaid/CHIP system is down. | 1 The Hub receives an AT Service request.<br><br>2 The Hub looks up the Recipient (i.e., Medicaid/CHIP agency or FFM).<br><br>3 The Hub forwards the request to the appropriate agency.<br><br>4 The Hub receives a response error message from the Recipient noting that the system is down.<br><br>5 The Hub prepares the response to the Sender.<br><br>6 The Hub forwards the response to the Sender. | **Sender (Marketplace)-to-Hub**:<br>• See *Section 3 - Data Element Definitions* for data elements.<br><br>**Recipient-to-Hub**:<br>• N/A<br><br>**Hub-to-Sender (Marketplace):**<br>• ResponseCode<br>• ResponseDescriptionText |

# 5  Process Flow Diagram

*Figure 5 - Process Flow Diagram (Real-Time Transactions)* presents the AT Service process flow diagram for real-time transactions.

**Note**: The eligibility determination response follows the same flow across entities.

Use or disclosure of data contained in this document is subject to restriction.

## Account Transfer Between FFM and Medicaid/CHIP Agencies

| Requester State Medicaid/CHIP | Hub | State Medicaid/CHIP |

**Requester**
State Medicaid/CHIP

**Hub**

**State  Medicaid/CHIP**

Submit Request

Request Data Elements

Perform Functional Error Validations

YES

Prepare Transfer Request

Invoke Service to Transfer Request

System Available to Process Request?

NO

YES

Request Valid?

Audit Request

Perform Functional Error Validations

Database

Valid?

NO

NO

Audit Request

YES

Receive Response

Send Acknowledgement

Prepare/Forward Resonse

Receive Response

Receive Response

**Figure 5 - Process Flow Diagram (Real-Time Transactions)**

# 6 Data Architecture Artifacts

This section presents the AT Service Schema for real-time transactions.

*Figure 6 - Sprint 31 AT BSD v2.3.2 Data Architecture Artifacts* contains the AT Service XML Schema for real-time transactions, Schematron, the data elements mapping spreadsheet (see *Section 3.1 - Data Elements for Real-Time Transactions*), navigable sample, and other artifacts.

Sprint 31
AccountTransfer BSD

**Figure 6 - Sprint 31 AT BSD v2.3.2 Data Architecture Artifacts**

# 7  Security and Integrity

SOAP messages enable the Hub and the TDS to send and receive data using services.

The following security standards are required to implement the Federal DSH secure service between the Hub and the TDS:

- Web Services Security (WSS) 1.1
- SOAP Version 1.2
- X.509:
  - A trusted Certificate Authority (CA) must sign the certificates.
  - Certificates must use 2048-bit keys.
  - Certificates must use Secure Hash Algorithm (SHA)-2 for message digest. It can be any of the following strengths: 256, 384, or 512.
  - Each request contains a WSS header.

# Appendix A - Sprint-Specific Development/Refactoring

*Table 9 - Sprint-Specific Development Refactoring* is an historical record of TPO Service development/refactoring in applicable Sprints.

**Table 9 - Sprint-Specific Development Refactoring**

| Release | Sprint | Development/Refactoring |
|---------|--------|-------------------------|
| 11 | 31 | • Added new sample payloads for inbound referrals and other scenarios<br>• Adjusted mapping spreadsheet for changes<br>• Deleted unnecessary columns from mapping spreadsheet<br>• Deprecated three data elements from mapping spreadsheet<br>• Updated Schematron rules<br>• Updated Referral Activity Scenarios spreadsheet with latest examples<br><br>**Note**: See the Federal DSH AT Service Release Notes for Release 11, Sprint 31 for additional details. |
| 8 | 22 | • Added new sample payloads<br>• Adjusted mapping spreadsheet for changes<br>• Deleted unnecessary elements from mapping spreadsheet<br>• Introduced nillables (empty elements) for inbound transfers<br>• Updated Schematron rules<br>• Updated XML Schema to include two new elements due to change requests (CRs) and other changes, such as cardinality<br>• Updated existing sample payloads |
| 6 | 18 | • Ensured schema is CMS Information Exchange Model (CIEM)-compliant and National Information Exchange Model (NIEM)-compliant<br>• Modified schema to accommodate household-centric AT<br>• Performed rule-based schema validations<br>• Performed look up to identify receiving entity endpoint; used information from Transfer Header section of incoming request<br>• Performed look-up to identify Recipient endpoint from Recipient information in Transfer Header section of incoming request<br>• Sent error message to Sender and discontinued processing if input data from Sender failed Hub schema validation<br>• Stubbed request and identified request data elements<br>• Stubbed response States provide to FFM<br>• Updated Schematron rules<br>• Updated schema to reflect new requirements and revisions<br>• Validated incoming request against predefined schema |

| Release | Sprint | Development/Refactoring |
|---------|--------|-------------------------|
| 6 | 16 | • Ensured schema is CIEM-compliant and NIEM-compliant<br>• Performed rule-based schema validations<br>• Performed look up to identify receiving entity endpoint; used information from Transfer Header section of incoming request<br>• Performed look-up to identify Recipient endpoint from Recipient information in Transfer Header section of incoming request<br>• Sent error message to Sender and discontinued processing if input data from Sender failed Hub schema validation<br>• Stubbed request and identified request data elements<br>• Stubbed response States provide to FFM<br>• Validated incoming request against predefined schema<br><br>**Note**: Connectivity between the FFM and the Hub, and between the Hub and States, is not part of Sprint 16. |

# Appendix B - Supporting Documentation

*Figure 7 - Referral Activity Scenarios* presents referral activity scenarios.

Referral Activity
Scenarios 2014-07-03

**Figure 7 - Referral Activity Scenarios**

**Note**: The FFM does not send determination responses for State-initiated referrals. The Team made the following changes to the scenarios in *Figure 7 - Referral Activity Scenarios* to reflect this condition as part of previous version 2.3 of this document:

- Example 10: Inbound Referral from State - Determination and Assessment State: Eliminated outbound response only
- Example 11: Inbound Referral from State - Returned to State as Eligible under Gap Filing (Not Day 1): Eliminated entire scenario
- Example 13: Inbound Referral to FFM from State - Later Found Eligible for State Program - Determination and Assessment State - Eliminated outbound response only

# Appendix C - Glossary of Terms and Acronyms

*Table 10 - Glossary of Terms and Acronyms* lists terms and associated acronyms in this document.

**Table 10 - Glossary of Terms and Acronyms**

| Term | Acronym |
|------|---------|
| Account Transfer | AT |
| Advance Payment of the Premium Tax Credit | APTC |
| Affordable Care Act | ACA |
| Basic Health Program | BHP |
| Business Service Definition | BSD |
| Canonical Data Model | CDM |
| Centers for Medicare & Medicaid Services | CMS |
| Certificate Authority | CA |
| Change Request | CR |
| Children's Health Insurance Program | CHIP |
| CMS Information Exchange Model | CIEM |
| Code of Federal Regulations | CFR |
| Computer Matching Agreement | CMA |
| Cost-Sharing Reduction | CSR |
| Date of Birth | DOB |
| Department of Health and Human Services | HHS |
| Document Control Number | DCN |
| Enterprise File Transfer | EFT |
| Expedited Life Cycle | XLC |
| Extensible Markup Language | XML |
| Federal Data Services Hub | Federal DSH |
| Federal Exchange Program System | FEPS |
| Federal Tax Information | FTI |
| Federally Facilitated Marketplace | FFM |
| Government Printing Office | GPO |

| Term | Acronym |
|------|---------|
| Healthcare and Education Reconciliation Act | HCERA |
| Hypertext Transfer Protocol Secure | HTTPS |
| Identifier | ID |
| Modified Adjusted Gross Income | MAGI |
| National Information Exchange Model | NIEM |
| Patient Protection and Affordable Care Act | PPACA |
| Public Health Service | PHS |
| Qualified Health Plan | QHP |
| Quality Software Services, Incorporated | QSSI |
| Secure Hash Algorithm | SHA |
| Secure Point of Entry | SPOE |
| Service Level Agreement | SLA |
| Social Security Administration | SSA |
| Social Security Number | SSN |
| State-Based Marketplace | SBM |
| Statement of Work | SOW |
| To Be Determined | TBD |
| Trusted Data Source | TDS |
| Verify Lawful Presence | VLP |
| Web Services Security | WSS or WS-Security |

# Appendix D - Referenced Documents

*Table 11 - Referenced Documents* lists documents and standards this document references or that are applicable to the development of this document.

**Table 11 - Referenced Documents**

| Document Name | Date |
|---|---|
| Artf126312: Receive, validate, and forward AT request (Hub User Story Release 6/Sprint 16) | April 2013 |
| Artf126313: Receive and forward AT acknowledgement response to Requester (Hub User Story Release 6/Sprint 16) | April 2013 |
| Assuring Access to Affordable Coverage - Medicaid and the CHIP Final Rule<br><br>http://www.medicaid.gov/AffordableCareAct/Provisions/Downloads/MedicaidCHIP-Eligibility-Final-Rule-Fact-Sheet-Final-3-16-12.pdf | March 16, 2012 |
| Federal DSH AT Service Release Notes for Release 11, Sprint 31<br><br>DSH_ARC_RN_AT_R11_S31 | July 2014 |
| Federal DSH Style Template<br><br>DSH_TEM_StylOrg_v1_0_F | February 2013 |
| Federal Exchange Program System (FEPS) DSH Statement of Work (SOW) - Modification 8<br><br>DSH_Mod_8_SOW | April 15, 2014 |
| Plain Writing Act of 2010<br>http://www.plainlanguage.gov/plLaw/law/index.cfm | 2010 |
| Section F Deliverables<br><br>DSH_Section_F_Deliverables_20121106 | November 06, 2012 |
| U.S. Government Printing Office (GPO) Style Manual (30th Edition)<br><br>http://www.gpoaccess.gov/stylemanual/browse.html | 2008 |

# Appendix E - Record of Changes

**Table 12 - Record of Changes**

| Version | Date | Description |
|---------|------|-------------|
| 1.0 | April 2013 | DSH_RD_BSD_Account_Transfer |
| 2.0 | June 2013 | DSH_RD_BSD_Account_Transfer<br><br>Various font, grammatical, punctuation, shading, formatting, date, version, pagination, glossary, and alignment corrections<br><br>Updated *Section 1 - Introduction*<br><br>Removed ACA background information from *Section 1.1 - Purpose*<br><br>Updated *Section 1.4 - Intended Audience*<br><br>Updated *Section 2.1 - Operational Description*<br><br>Updated *Section 2.1.1 - Initiating Events*<br><br>Populated *Table 2 - AT Preconditions*<br><br>Updated *Section 2.7.2 - Assumptions*<br><br>Updated *Section 2.7.3 - Constraints*<br><br>Added Section 2.9.2 - Release 6/Sprint 18 Activities<br><br>Removed bullet from *Section 2.8 - Timing and Frequency*<br><br>Updated *Table 3 - AT Service Activities*<br><br>Updated *Section 3.1 - Data Elements for Real-Time Transactions*<br><br>Added *Table 5 - Data Element Spreadsheet Layout*<br><br>Added Message Response Codes to *Table 6 - Message Response Codes*<br><br>Updated *Table 7 - Business Process Model (Real-Time Transactions)*<br><br>Updated *Table 8 - Scenarios (Real-Time Transactions)*<br><br>Added *Appendix B - Supporting Documentation* |
| 2.1 | July 2013 | DSH_RD_BSD_Account_Transfer<br><br>Various font, grammatical, punctuation, shading, formatting, date, version, pagination, glossary, and alignment corrections<br><br>Updated *Section 3.1 - Data Elements for Real-Time Transactions*, including embedded document<br><br>Updated *Table 6 - Message Response Codes*<br><br>Updated *Section 1.1 - Purpose*<br><br>Updated *Appendix B - Supporting Documentation* |

| Version | Date | Description |
|---------|------|-------------|
| 2.2 | August 2013 | DSH_RD_BSD_Account_Transfer<br><br>Various font, grammatical, punctuation, shading, formatting, date, version, pagination, glossary, and alignment corrections<br><br>Added *Section 7 - Security and Integrity*<br><br>Added *Section 2.4 - Data Transfer*<br><br>Added *Section 2.5 - Transactions*<br><br>Added *Section 2.6 - Environments*<br><br>Updated Figure 5 - Data Elements<br><br>Updated *Table 6 - Message Response Codes*<br><br>Updated Figure 7 - XML Schema (Real-Time Transactions)<br><br>Added Section 6.2 - Release Notes |
| 2.3 | October 2013 | DSH_RD_BSD_Account_Transfer<br><br>Various font, grammatical, punctuation, shading, formatting, date, version, pagination, glossary, and alignment corrections<br><br>Added two constraints to *Section 2.7.3 - Constraints*<br><br>Added Section 2.9.1 - Release 8/Sprint 22 Headers<br><br>Updated *Appendix B - Supporting Documentation*<br><br>Updated all embedded documents |
| 2.3.1 | January 2014 | DSH_RD_BSD_Account_Transfer<br><br>Various font, grammatical, punctuation, shading, formatting, date, version, pagination, glossary, and alignment corrections<br><br>Added error codes to *Table 6 - Message Response Codes*<br><br>Added note clarifying the difference between HE and HX error codes following *Table 6 - Message Response Codes* |
| 2.3.2 | July 2014 | DSH_RD_BSD_Account_Transfer<br><br>Various font, grammatical, punctuation, shading, formatting, date, version, pagination, glossary, and alignment corrections<br><br>Section 508 compliance updates<br><br>Document organization updates to comply with CMS Expedited Life Cycle (XLC) Template organization<br><br>Deleted Document Control Number (DCN) from cover page<br><br>Revised verbiage in *Sections 1 - Introduction, 1.1 - Purpose, 1.3 - Scope,* and *1.4 - Intended Audience*<br><br>Added *Section 1.2 - Account Transfer BSD*<br><br>Updated *Figure 6 - Sprint 31 AT BSD v2.3.2 Data Architecture Artifacts*<br><br>Replaced Pankaj Shekhawat with Kamesh Thota for Development Team Lead in *Appendix F - Approvals* |

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| Version | Date | Description |
|---------|------|-------------|
| 2.3.2 | October 2014 | DSH_RD_BSD_Account_Transfer |
| | | Various font, grammatical, punctuation, shading, formatting, date, version, pagination, glossary, and alignment corrections |
| | | Updated *Figure 6 - Sprint 31 AT BSD v2.3.2 Data Architecture Artifacts* |
| | | Replaced Mary Tate, Requirements Team Lead with Joanne Roberts, Interface Team Lead in *Table 13 - Approvals* |

Use or disclosure of data contained in this document is subject to restriction.

# Appendix F - Approvals

**Table 13 - Approvals**

| Document Approved By | Date Approved |
|---|---|
| --------------------------------------------------------------------------------------------<br>Name: Joanne Roberts, Interface Team Lead - QSSI | ------------------------------------------<br>Date |
| <br><br>--------------------------------------------------------------------------------------------<br>Name: Kamesh Thota, Development Team Lead - QSSI | <br><br>------------------------------------------<br>Date |
| <br><br>--------------------------------------------------------------------------------------------<br>Name: Jagadish Gangahanumaiah, Project Manager - QSSI | <br><br>------------------------------------------<br>Date |

These signatures represent authorization for the QSSI Federal DSH Team to use QSSI and project resources to perform tasks in association with the successful completion of this Federal DSH PVC BSD and subsequent process improvement initiatives and activities.