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SECTION I: OVERVIEW OF BLUEPRINT APPLICATION AND APPROVAL REQUIREMENTS

Introduction

The Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) (together referred to as the ACA) established American Health Benefit Exchanges, beginning January 1, 2014, to provide individuals and small business employees access to health insurance coverage. ACA § 1311(b) and 45 CFR § 155.100 describe an Exchange as an entity that both facilitates the purchase of Qualified Health Plans (QHPs) by qualified individuals and provides for the establishment of a Small Business Health Options Program (SHOP).

The ACA and its implementing regulations provide states with flexibility in the design and operation of Exchanges to ensure states are implementing Exchanges that best meet their consumers' needs. States can choose to establish and operate a State-based Exchange (SBE) or a State-based Exchange on the Federal Platform (SBE-FP). To operate an SBE, a state must first operate an SBE-FP per [§ 155.106\(c\)](#), meeting all requirements established under [§ 155.200\(f\)](#), for at least one plan year, including its first Open Enrollment period. States electing to operate as an SBE-FP rely on the federal HealthCare.gov platform to carry out eligibility and enrollment functions but operate other Exchange functions themselves, including consumer assistance and outreach. The Secretary of the U.S. Department of Health and Human Services (HHS) operates a Federally-facilitated Exchange (FFE) in states that do not elect to operate either an SBE-FP or SBE. FFE states can also work with CMS to undertake certain Plan Management functions for their individual and SHOP markets.

Pursuant to 45 CFR §§ 155.105 and 155.106, states that elect to operate an SBE-FP or SBE must complete and submit an Exchange Blueprint Application. The Exchange Blueprint Application documents that an Exchange will meet the legal and operational requirements associated with the Exchange model a state chooses to pursue. As part of its Exchange Blueprint Application submission, a state will also agree to demonstrating operational readiness to implement and execute the required Exchange activities described in the Exchange Blueprint Application.

This document includes the Exchange Blueprint Application for states seeking approval to operate either an SBE-FP or SBE for coverage years beginning on, or after, January 1, 2025, and includes the following application components:

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

This Exchange Blueprint Application replaces previous versions. All FFE states electing to operate an SBE-FP or SBE must submit a Declaration of Intent Letter and the applicable sections of the Exchange Blueprint Application. States that already have a conditionally-approved Exchange

Blueprint Application as an SBE-FP or SBE for a coverage year prior to January 1, 2025 and wish to transition to a new State Exchange model must submit an updated Declaration of Intent Letter and Exchange Blueprint Application for the applicable model.

An SBE transitioning to an SBE-FP should also refer to the Appendix in this document for further information.

A state operating as an SBE-FP or SBE that is electing to transition to the FFE should follow the process described in 45 CFR § 155.106(b).

Figure 1: State Exchange Model Options and Exchange Blueprint Application Requirements and Timelines for Coverage Years Beginning On, or After, January 1, 2025

SBE	SBE-FP	FFE
<p>State performs all Exchange functions, including coordination with state Medicaid and Children’s Health Insurance Program (CHIP).</p> <p>State may rely on CMS for the following functions:</p> <ul style="list-style-type: none"> • Exemptions processing (45 CFR § 155 Subpart G) • Risk adjustment (45 CFR § 153 Subpart D) • Employer appeal upon notice of employee’s receipt of APTC/CSR (45 CFR § 155.555) 	<p>State performs the following Exchange functions:</p> <ul style="list-style-type: none"> • Plan Management • Consumer Assistance • SHOP <p>State relies on CMS for the following functions:</p> <ul style="list-style-type: none"> • Eligibility and enrollment functions (Individual Market) • Related eligibility support functions, such as consumer call center and consumer casework (Individual Market) <p>State elects whether CMS (through the HealthCare.gov eligibility platform) will perform Medicaid and CHIP assessments or determinations. (Notification is through CMS’s Center for Medicaid and CHIP Services (CMCS)).</p>	<p>CMS performs all Exchange functions through HealthCare.gov</p> <p>State may elect to perform certain plan management (PM) functions.¹</p> <p>State elects whether CMS (through the HealthCare.gov eligibility platform) will perform Medicaid and CHIP assessments or determinations. (Notification is through CMS’s CMCS).</p>

¹ A state electing to perform certain PM functions does not have to complete an Exchange Blueprint Application. For additional information, contact the Center for Consumer Information and Insurance Oversight (CCIIO) via the FFE Plan Management State Coordination (PMSC) mailbox at PlanManagementStateCoordination@cms.hhs.gov.

SBE	SBE-FP	FFE
<p><i>State Must Submit:</i></p> <ul style="list-style-type: none"> • Declaration of Intent – at least 21 months prior to the beginning of SBE Open Enrollment • State Exchange Blueprint Applications: <ul style="list-style-type: none"> • SBE-FP - at least 3 months prior to the beginning of SBE-FP first Open Enrollment per 45 CFR § 155.106(c)(1) • SBE - at least 15 months prior to the beginning of SBE first Open Enrollment per 45 CFR § 155.106(a)(2) • Execute the Federal Platform Agreement with CMS prior to the beginning of an SBE-FP's first Open Enrollment per 45 CFR § 155.106(c)(4)² 	<p><i>State Must Submit:</i></p> <ul style="list-style-type: none"> • Declaration of Intent – at least 9 months prior to the beginning of an SBE- FP's first Open Enrollment • SBE-FP Exchange Blueprint Application at least 3 months prior to the beginning of an SBE- FP's first Open Enrollment per 45 CFR § 155.106(c)(1) • Execute the Federal Platform Agreement with CMS prior to the beginning of an SBE-FP's first Open Enrollment per 45 CFR § 155.106(c)(4)³ 	<p><i>Not applicable.</i></p> <p>SBEs or SBE-FPs that wish to transition to the FFE should notify CMS in accordance with timelines in 45 CFR § 155.106(b).</p>

² CMS will provide States with the Federal Platform Agreement required for signature for the relevant coverage years. 45 CFR § 155.106(c)(4)

³ 45 CFR § 155.106(c)(2)

Exchange Blueprint Application Submission, Review and Approval Process

Upon a state's submission of its Declaration of Intent Letter, HHS's Centers for Medicare & Medicaid Services (CMS) will engage the state and provide technical assistance on the completion of the state's Exchange Blueprint Application, if not already submitted, and the process toward approval or conditional approval.

HHS recognizes that states depend on HHS/CMS, other federal agencies, and contractors for guidance associated with their Exchange establishment. CMS's approval of an SBE-FP and SBE will take into account that states will be in various stages of development when states submit an Exchange Blueprint Application to CMS. As a result, CMS will grant conditional approval for an SBE or SBE-FP that does not meet all applicable Exchange requirements at the time of Exchange Blueprint Application submission, but that has:

1. Attested to meeting all applicable requirements in the Exchange Blueprint Application;
2. Is making significant progress toward meeting the requirements with projected dates of completion, and;
3. Is anticipated to be operationally ready for the applicable Open Enrollment Period.

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

Public Engagement

As described in 45 CFR § 155.106(a)(2), a State electing to be an SBE or SBE-FP must conduct specific public engagement activities. Upon submission of its Exchange Blueprint application the State must publish, through its website, a public notice indicating that the State is seeking approval from HHS to transition to a State Exchange. The notice should include a copy of the Exchange Blueprint application, a description of the Plan Year for which the State seeks to transition to a State Exchange, and information about when and where the State will conduct public engagements regarding the State's Exchange Blueprint application.

A State must conduct, prior to receiving approval or conditional approval, at least one public engagement regarding the State's Exchange Blueprint application progress. The public engagement is meant to provide interested parties the opportunity to learn about the State's progress in transitioning to a State Exchange and offer input on that transition. A State can determine the timeline and manner, within the parameters of 45 CFR § 155.106(a)(2)(ii), in which to hold this public engagement but must submit the plan to CMS for review and approval. Following this initial public engagement a State must conduct periodic public engagements, either in-person or virtually, in a timeframe and manner considered effective by the State.

Assessment of State Progress, Documentation and Readiness Reviews

CMS will utilize regular calls with the state in addition to implementation and/or operational readiness reviews to monitor and provide guidance to states on their Exchange information technology (IT) system build and implementation of programmatic requirements as defined in the Exchange Blueprint

Application. Operational readiness entails CMS's and its federal agency partners' assessment of the capacity of an Exchange to conduct Exchange business. The objective of these assessments is to assure that an Exchange's policies, procedures, operations, technology, and other administrative capacities have been implemented and scaled to meet the needs of the State Exchange's population. CMS will use the information in a State's Exchange Blueprint Application to determine the need for, and timing of, in-person or virtual periodic readiness assessments.

CMS will require that the State provide documentation and information technology testing results demonstrating progress towards meeting the Exchange Blueprint Application requirements. Requests for documentation and information technology system testing results may occur as part of the regular monitoring calls, readiness reviews or other consults as requested by CMS.

CMS also requires formal testing between the State's IT system and the CMS Federal Data Services Hub (FDSH) to ensure connectivity, correct data exchange formats and values, correct interpretation of responses from the FDSH by the State, and ensure correct information is transmitted and captured. CMS will provide guidance and documentation to assist States with testing the automated functionality of their Exchanges and reporting results to CMS.

An Exchange's conditional approval status will continue as long as a State continues to meet expected progress milestones and until a State successfully demonstrates its ability to perform all required Exchange activities and comply with all applicable Federal guidance and regulations. Provided that the State is continuing to demonstrate progress in meeting the requirements outlined in its conditional approval determination, a State Exchange will maintain conditional approval status.
Questions Regarding the Exchange Blueprint Application and Technical Assistance

States can contact CMS/CCIIO's State Marketplace and Insurance Programs Group (SMIPG) at SBMOversight@cms.hhs.gov for information about technical assistance consultations, and resources available to states on the Exchange Blueprint Application process. SBE-FP and SBE states with an assigned CMS CCIIO State Officer (SO) should contact him or her for specific questions regarding Exchange Blueprint Application submissions.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995 (PRA), no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1172. This information collection is required for States electing to be an SBE or SBE-FP and seeking approval from HHS/CMS as such. Information provided by States collected through the State Exchange Blueprint Application tool will be used by CMS to determine a state's compliance with federal requirements to establish and operate an SBE or SBE-FP and serves as the basis for HHS/CMS to make its determination of whether a state can be approved to operate an SBE or SBE-FP. The time required to complete this information collection is estimated to average 53.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required for States wanting to obtain and establish an SBE or SBE-FP pursuant to 45 CFR §§ 155.105 and 155.106 and is private/confidential to the extent permitted by law. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

CMS
7500 Security Boulevard
Attn: PRA Reports Clearance Officer
Mail Stop C4- 26-05
Baltimore, Maryland 21244-1850

SECTION II: DECLARATION OF INTENT LETTER

A State seeking to operate an SBE-FP or SBE for coverage years beginning on, or after, January 1, 2025 will declare the type of Exchange model it intends to pursue through an Exchange Declaration of Intent (DOI) to be submitted to CMS CCIIO in advance of the submission of an Exchange Blueprint Application.

A State's Declaration of Intent must be signed by the State's governor. As described below, the Declaration of Intent's contents must include basic information associated with its designated Exchange model(s). The Declaration of Intent should include a designation of the individual(s) who will serve as the primary point of contact for CMS regarding the Exchange. The individual(s) should be authorized to bind the State regarding the State's Exchange, as well as to complete and sign the Exchange Blueprint Application.

States are encouraged to submit their Exchange Declaration of Intent as early as possible but no later than the following timelines:

- States transitioning to an SBE must submit the DOI no later than 21 months prior to the beginning of an SBE's first Open Enrollment. This timeframe presumes that the State will operate as an SBE-FP for one year. The State's Declaration of Intent should include confirmation of the plan year for which the State intends to operate both as an SBE-FP and an SBE. A State planning to transition to an SBE that plans to operate as an SBE-FP for longer than one year or that is already operating as an SBE-FP should contact CMS CCIIO for further guidance.
- States transitioning to an SBE-FP only must submit the DOI no later than 9 months prior to the beginning of an SBE-FP's first Open Enrollment.

These timelines are based on CMS's experience with the length of time needed for States to implement the business processes and information technology platforms required for each Exchange operational model. States are recommended to consult with CMS CCIIO for further guidance as needed. A State's Declaration of Intent should be sent to:

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

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

Contents of Declaration of Intent Letter

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

- The Exchange model that the state chooses to pursue (SBE-FP or SBE).
- Confirmation of the plan year (PY) for which the State intends to begin operations (i.e., PY 2025 or a subsequent PY). If applying to be an SBE, confirmation of the PY for which the State intends to operate an SBE-FP and an SBE.
- Designation of the individual(s) (Designee(s)) authorized to act as primary point(s) of contact and authorized to bind the state with CMS regarding the State's Exchange, as well as to complete and sign the Exchange Blueprint Application.
- Acknowledgement that CMS and the state may agree to amend its Declaration of Intent Letter to include additional information necessary to establish its Exchange.

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

Application Instructions

CMS requires that states seeking approval to operate an SBE-FP or SBE for coverage years beginning on, or after, January 1, 2025 must complete and submit an Exchange Blueprint Application. States that already have a conditionally-approved Exchange Blueprint Application that are seeking to transition to a different Exchange model (either an SBE-FP or SBE) must submit an update to their Exchange Blueprint Application for approval.

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

Per regulations at 45 CFR § 155.106, states seeking to operate an SBE must submit their Exchange Blueprint Application (or updated Exchange Blueprint Application) to CMS at least 15 months prior to the beginning of an SBE's first Open Enrollment. States seeking to operate an SBE-FP must submit their Exchange Blueprint Application (or updated Exchange Blueprint Application) to CMS at least three months prior to the beginning of an SBE-FP's first Open Enrollment.

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

The Exchange Blueprint Application includes the following components. States seeking approval to operate an SBE-FP or SBE for coverage years beginning on, or after, January 1, 2025 must complete and submit Part A and Part B. States complete Part C or Part D depending on their Exchange model.

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

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

Part C. State-based Exchange Blueprint Application: States seeking to be SBEs must attest to either completion or expected completion of required activities.

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

PART A: APPLICATION ATTESTATION

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

(Name of State)

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

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

Agree:

Do not agree:

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

NAME:

TELEPHONE:

EMAIL ADDRESS:

NAME:

TELEPHONE:

EMAIL ADDRESS:

PART B: EXCHANGE DECLARATIONS

<p>1. STATE(S) NAME:</p>						
<p>2. STATE EXCHANGE MODEL AND PLAN YEAR: (Indicate which model your state is applying for, as well as the plan year state intends to begin operations of the model)</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">SBE</td> <td style="padding-left: 100px;">Plan Year</td> </tr> <tr> <td style="padding-left: 40px;">SBE-FP</td> <td style="padding-left: 100px;">Plan Year</td> </tr> <tr> <td style="padding-left: 40px;">Regional Exchange</td> <td style="padding-left: 100px;">Plan Year</td> </tr> </table> <p>(Please note that, in addition to meeting the requirements described in the Exchange Blueprint Application, states seeking approval to operate a Regional Exchange must also meet the requirements under 45 CFR § 155.140)</p>	SBE	Plan Year	SBE-FP	Plan Year	Regional Exchange	Plan Year
SBE	Plan Year					
SBE-FP	Plan Year					
Regional Exchange	Plan Year					
<p>3. DECLARATION of INTENT LETTER: (Confirm whether your state has submitted its Declaration of Intent Letter or if it is included with the Exchange Blueprint Application)</p> <p style="padding-left: 40px;">Declaration of Intent Letter submitted</p> <p style="padding-left: 40px;">Date submitted to CMS</p>						
<p>4. If you are seeking to implement an SBE, indicate if you will be relying on CMS for any of the following Exchange functions: (check all that apply)</p> <p style="padding-left: 40px;">Risk adjustment (45 CFR § 153 Subpart D)</p> <p style="padding-left: 40px;">Exemptions (45 CFR § 155 Subpart G)</p> <p style="padding-left: 40px;">Employer coverage appeals (45 CFR § 155.555)</p>						
<p>5. GOVERNANCE STRUCTURE: (check one)</p> <p style="padding-left: 40px;">State agency</p> <p style="padding-left: 40px;">Quasi-governmental entity</p> <p style="padding-left: 40px;">Nonprofit</p> <p style="padding-left: 40px;">Other</p>						

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

1.0 Legal Authority & Governance

1.1	SBE-FP Federal Platform Agreement: The Exchange will execute a Federal Platform Agreement with CMS prior to the beginning of Open Enrollment for any coverage year in which the Exchange elects to operate on the federal platform (45 CFR § 155.106(c)(4)) .		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
1.2	Exchange Enabling Authority: The Exchange will have the appropriate authority to operate an SBE-FP compliant with Affordable Care Act § 1321(b) and applicable rulemaking.		
	Provide citation and URL of Exchange-enabling authority: https://www.oklegislature.gov/BillInfo.aspx?Bill=hb1512&Session=2500		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
1.3	Authority to Certify Qualified Health Plans (QHPs): The Exchange will have the appropriate State authority to perform the certification of QHPs and to oversee QHP issuers consistent with 45 CFR § 155.1010(a), in coordination with the appropriate state insurance oversight entity.		
	Provide citation and URL of Exchange authority to certify QHPs:		
	I attest this activity is complete	I attest this activity will be complete	Completed/Expected Completion Date



1.4	Authority to Generate Revenue: The Exchange will have the appropriate authority and capability to generate revenue to pay the Federal Platform User Fee and to conduct the activities required as an SBE-FP (ACA § 1311(d)(5)(A)). The Exchange will inform HHS whether it elects to additionally collect state level user fees.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
1.5	If Applicable: Board and Governance Structure: If the Exchange is an independent state agency or a non-profit entity established by the State, the Exchange will establish a board and governance structure (ACA § 1311(d), 45 CFR § 155.110(c)).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
1.6	Stakeholder Consultation: The Exchange will conduct stakeholder consultation to seek input for the duration of Exchange planning and operation pursuant to 45 CFR § 155.130. This includes consultation with consumers, small businesses, State Medicaid and CHIP agencies, agents/brokers, large employers, if applicable, Federally-recognized Tribes, as defined in the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a, and other relevant stakeholders to the extent CMS is unable to, or in coordination with CMS.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date



2.0 Consumer Assistance Tools and Programs

2.1	Toll-Free Hotline		
a.	The Exchange will establish and operate a toll-free telephone hotline to respond to requests for assistance to consumers in the SBE-FP, including the capability to provide information to consumer and appropriately direct them to the federal call center or HealthCare.gov to apply for, and enroll in, QHP coverage pursuant to 45 CFR § 155.205(a).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
b.	The Exchange’s toll-free telephone hotline will provide information to consumers in a manner that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, including providing and informing consumers about the availability of auxiliary aids and services, and oral interpretation at no cost to the consumer, in accordance to CMS regulations and guidance pursuant to 45 CFR §§ 155.205(c)(1), (c)(2)(i), and (c)(3).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
c.	The Exchange outreach and education information will meet accessibility standards including providing information to consumers in plain language and in a manner that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, in accordance with CMS regulations and guidance pursuant to 45 CFR § 155.205(c). The Exchange outreach and education information will inform individuals about the availability of auxiliary aids and services for people with disabilities, language services at no cost to the individual, oral interpretation, written translations, and will provide taglines in non-English languages indicating the availability of language services.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date



2.2	Website		
a.	The Exchange will establish and maintain an up-to-date internet website in accordance with 45 CFR § 155.205(b).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
b.	The Exchange must engage with and solicit feedback from stakeholders, consumers, and CMS in the website design process to ensure website ease of use and functionality.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
c.	The Exchange will operate a website with the capability to provide information to consumers and direct them to HealthCare.gov to apply for and enroll in QHP coverage pursuant to 45 CFR § 155.205(b)(7).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
d.	The Exchange will develop, operate, and maintain a tool on its internet website for consumers to use to find local assisters for help with applying for and enrolling in coverage. HealthCare.gov's Find Local Help tool will direct consumers to the SBE-FP's tool. The Exchange website must clearly define and explain the roles of Navigators and other assisters in the QHP selection and enrollment process pursuant to 45 CFR § 155.210(e).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date



e.	The Exchange website will meet accessibility standards including providing information to consumers in plain language and in a manner that is accessible and timely for individuals living with disabilities and for individuals who have limited English proficiency, in accordance with CMS regulations and guidance pursuant to 45 CFR § 155.205(c). The Exchange website will inform individuals about the availability of auxiliary aids and services for people with disabilities, language services at no cost to the individual, oral interpretation, written translations. It will provide taglines in non-English languages indicating the availability of language services.	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
2.3 Outreach and Education				
a.	The Exchange will coordinate with CMS to conduct outreach and education activities to educate consumers about the Exchange and insurance affordability programs, and to encourage consumer participation in the Exchange as specified in 45 CFR § 155.205(e). These activities could include, for example, informational marketing materials, advertisements, community outreach events, or other outreach and education activities that the Exchange determines suitable for its consumers. CMS will provide data to facilitate and support the state's efforts.	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
2.4 Consumer Assistance: The Exchange will implement consumer assistance functions in accordance with 45 CFR § 155.205(d) including providing referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.				
		I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

2.5 Navigator Program			
a.	The Exchange will establish, fund, and operate a Navigator program through which it will award grants to eligible entities or individuals capable of carrying out Navigator duties as required under 45 CFR § 155. 210.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
b.	Total funding available to Navigator applicants and the final amount of Navigator grantees in the state should consider that Navigators will provide targeted assistance to uninsured individuals, consumers currently enrolled in QHP coverage, and underserved or vulnerable populations, as identified by the Exchange, within the Exchange’s service area.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
c.	The Exchange will coordinate with the FFE on the timing and communication of the state’s grant application process. The Exchange will also notify existing grantees on the FFE of the need to apply for state funding.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
d.	The Exchange will develop and publicly disseminate a set of standards for Navigator grantees to meet that prevent or minimize potential conflicts of interest that may exist for entities or individuals to be awarded grants in accordance with 45 CFR § 155.210(b)(1).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

e.	The Exchange will develop and publicly disseminate a set of training standards for Navigator grantees to meet that will ensure expertise concerning topics such as QHP options, insurance affordability programs, eligibility and enrollment rules and regulations, privacy and security standards, and all other requirements in accordance with 45 CFR § 155.210(b)(2).	
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
f.	The Exchange will enter into agreements pursuant to 45 CFR § 155.260(b) with Navigator grantees to ensure adherence to all terms and conditions of privacy and security standards.	
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
2.6 If applicable: Non-Navigator Assistance Personnel		
	If the Exchange opts to have a non-Navigator assistance personnel program, the Exchange will maintain full responsibility for program operations, as well as for selecting and ensuring the proper training of all non-Navigator assistance personnel in the SBE-FP. Specifically, the SBE-FP will ensure that non-Navigator assistance personnel complete any required FFE and state-specific training(s) and comply with all applicable regulatory requirements, including 45 CFR §§ 155.205(d)-(e), 45 CFR 155.215, and 45 CFR 155.260(b) .	
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
2.7 Certified Application Counselors (CACs)		
a.	The Exchange will establish a CAC program pursuant to 45 CFR § 155.225 and will either designate an organization to certify CACs to perform specified duties, directly certify CACs to perform specified duties, or implement a combination of both these approaches in establishing its CAC program.	
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

b.	The Exchange will ensure, either directly, or through designated organizations, that CACs complete required State-specific training(s) on topics including QHP options, insurance affordability programs, eligibility and enrollment rules and all other applicable regulatory requirements.		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
c.	The Exchange will ensure CACs adherence to all terms and conditions of privacy and security standards pursuant to 45 CFR § 155.260(b).		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
2.8	Agents and Brokers: A state may permit agents and brokers to assist consumers with enrolling in QHPs pursuant to 45 CFR § 155.220.		
a.	The Exchange will clearly define the role of agents and brokers including, as applicable, evidence of licensure, training, and compliance with regulatory requirements under 45 CFR § 155.220.		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
b.	The Exchange will communicate requirements to licensed agents and brokers to register with the FFE and complete FFE training for agents and brokers to assist consumers with enrolling in QHPs pursuant to 45 CFR § 155.220.		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
c.	The Exchange may establish state-level training requirements for agents and brokers that supplements the FFE training.		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	

3.0 Eligibility and Enrollment

3.1	<p>Use of the Federal Platform for the Individual Market Eligibility and Enrollment Functions and Associated Eligibility Support Functions: As an SBE-FP, the Exchange will use the federal platform for eligibility and enrollment functions as a bundled package. These include using the FFE’s business rules and operational processes related to processing consumer applications for health insurance coverage, eligibility determinations, enrollment processing, exemptions determinations, annual renewals and redeterminations, special enrollment periods (SEPs), Form 1095-A, Medicaid assessments or determinations, employer notifications, eligibility appeals, consumer call center, and consumer casework.</p>	
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
3.2	<p>Small Business Health Options Program (SHOP) Eligibility Determination: The Exchange will have the ability to make employer eligibility determinations for the Small Business Health Care Tax Credit (SBHCTC).</p>	
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
3.3	<p>Report Results of Employer SHOP Eligibility Information to IRS for Tax Administration Purposes: The Exchange will have the ability to electronically report employer eligibility information to the Internal Revenue Service (IRS) for tax administration purposes per 45 CFR § 155.720(i). If needed, the Exchange will ensure it establishes and maintains connectivity to the Federal Data Services Hub (FDSH) to submit SHOP eligibility reporting to IRS.</p>	
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

3.4	Eligibility Appeals for SHOP: The Exchange will establish a SHOP eligibility appeals process for employers pursuant to 45 CFR § 155.740, including identifying and/or designating the entities responsible for processing SHOP eligibility appeals.		
	I attest this activity is complete	I attest this activity will be complete	Completed/Expected Completion Date

4.0 Plan Management

4.1	Certification of Qualified Health Plans for the Individual Market and SHOP		
a.	The Exchange will develop the necessary infrastructure to certify QHPs pursuant to 45 CFR § 155.1010(a), including plan management systems or processes that support the collection of QHP issuer and plan data; facilitate the QHP certification process; manage QHP issuers and plans; and review and transmit data to CMS for display of certified QHPs on the federal platform in accordance with applicable CMS timelines and requirements, as detailed in the current final Letter to Issuers in the Federally-facilitated Exchanges. This includes the Exchange working in coordination with the appropriate state regulatory entity (e.g., the state’s department of insurance) to ensure the necessary organizational capacity will be in place to perform these functions. CMS will provide data to facilitate and support the state’s efforts.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
b.	The Exchange will have a review process in place for ensuring issuers and health plans meet the minimum QHP certification standards pursuant to CFR § 155.1000(c) and 45 CFR § 156. This includes the Exchange working in coordination with the appropriate state regulatory entity (e.g., the state’s department of insurance) to ensure the necessary review processes will be in place to ensure the applicable QHP certification standards are met.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

<p>c.</p>	<p>The Exchange must meet CMS deadlines for transfers of QHP application data to CMS, including deadline for final transfer of certified QHP data to CMS, as described in the Annual CMS Letter to Issuers.</p> <p>Prior to the first transfer of plan data from the SBE-FP to CMS, the SBE-FP should notify issuers of the change in communications regarding review of QHP applications from CMS to the SBE-FP exclusively (e.g., issuers will no longer receive correction notices from CMS).</p> <p>Note: FFE states that do not perform plan management functions must first transition system platform and their issuers from the Health Insurance Oversight System (HIOS) to the System for Electronic Rates & Forms Filing (SERFF) to provide CMS with plan data.</p>	
<p>I attest this activity is complete</p>	<p>I attest this activity will be complete</p>	<p>Completion/Expected Completion Date</p>
<p>4.2</p>	<p>QHP Monitoring and Compliance: The Exchange will have the capacity to ensure QHPs' ongoing compliance with QHP certification requirements pursuant to 45 CFR § 155.1010(a)(2).</p>	
<p>I attest this activity is complete</p>	<p>I attest this activity will be complete</p>	<p>Completion/Expected Completion Date</p>
<p>4.3</p>	<p>Recertification: The Exchange will have a process in place for QHP issuer recertification that will include, at a minimum, a review of initial certification criteria, pursuant to 45 CFR § 155.1075.</p>	
<p>I attest this activity is complete</p>	<p>I attest this activity will be complete</p>	<p>Completion/Expected Completion Date</p>
<p>4.4</p>	<p>Decertification and Appeals: The Exchange will have a process in place for QHP decertification, including appeal of decertification determinations, and notice of decertification to appropriate parties, pursuant to 45 CFR § 155.1080.</p>	
<p>I attest this activity is complete</p>	<p>I attest this activity will be complete</p>	<p>Completion/Expected Completion Date</p>

4.5	Issuer Accreditation and Enforcement:		
a.	The Exchange will set a timeline for QHP issuer accreditation in accordance with 45 CFR § 155.1045. The Exchange will also have systems and procedures in place to ensure QHP issuers meet accreditation requirements (per 45 CFR § 156.275) as part of QHP certification in accordance with applicable rulemaking and guidance.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
b.	The Exchange will enforce the federal casework standards in 45 CFR § 156.1010 with respect to issuers participating in the SBE-FP.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
4.6	Network Adequacy: The Exchange will enforce network adequacy standards that ensure that the provider network of each QHP on the Exchange meets the standards specified in 45 CFR § 155.1050.		
a.	Network Adequacy: The Exchange will establish and impose network adequacy time and distance standards for QHPs that are at least as stringent as standards for QHPs participating on the Federally-facilitated Exchanges, approved by HHS under § 155.1050(a)(2)(i), for plan years beginning on or after January 1, 2026.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
b.	Network Adequacy: The Exchange will conduct, prior to QHP certification, quantitative network adequacy reviews to evaluate compliance, and requiring that all issuers seeking certification of a plan as a QHP submit information to the Exchange reporting whether or not network providers offer telehealth services.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

c.	If Applicable: Network Adequacy: The Exchange will apply and enforce HHS-approved alternate quantitative network adequacy standards that are reasonably calculated to ensure a level of access to providers that is as great as that ensure by the federal network adequacy standards and the Exchange will evaluate whether plans comply with applicable network adequacy standards prior to certifying any plan as a QHP.		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
Include approved alternative network adequacy strategy plan.			

5.0 SHOP

5.1	Employer Size: The state will determine the size of a small employer, as well as methods for determining whether an employee is a full-time employee (FTE).		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
Select the size of a small employer: 1–50 1–100			
Select method state will use to count employees: Federal FTE method State method			

5.2	Enrollment: The Exchange will determine whether to perform enrollment functions, or to permit enrollment directly through QHP issuers and/or registered agents/brokers, or both serve as the enrollment platform and permit enrollment directly through QHP issuers and/or registered agents/brokers, in accordance with 45 CFR 155 Subpart H.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
<p>Select the Exchange’s enrollment method:</p> <p style="padding-left: 40px;">Exchange will provide an enrollment platform.</p> <p style="padding-left: 40px;">Exchange will permit enrollment directly through QHP issuers and/or registered agents/brokers.</p> <p style="padding-left: 40px;">Exchange will both provide the enrollment platform, as well as permit enrollment directly through QHP issuers and/or registered agents/brokers.</p>			
5.3	Employer and Employee Choice: The Exchange will establish whether or not SHOP will offer employer and/or employee choice, in accordance with 45 CFR § 155.706(b)(2)-(3).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
<p>Select the Exchange’s employee choice method:</p> <p style="padding-left: 40px;">Horizontal Choice</p> <p style="padding-left: 40px;">Vertical Choice</p> <p style="padding-left: 40px;">Both</p>			
5.4	Rates: The Exchange will require all QHP issuers to make any changes to rates at uniform time that is quarterly, monthly, or annually, and prohibits all QHP issuers from varying rates for a qualified employer during the employer’s plan year, in accordance with 45 CFR § 155.706(b)(6).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

5.5	Premium Calculator: The Exchange will establish the premium calculator for SHOP in accordance with 45 CFR § 155.706(b)(11).		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
Provide website link to premium calculator:			
5.6	Uniform Enrollment Timeline: The Exchange will develop a uniform enrollment timeline and process that includes information pertaining to grace periods, effective dates of coverage, enrollment periods, and reinstatement policies, in accordance with 45 CFR § 156.286(b).		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
5.7	Minimum Participation (If applicable): If the Exchange implements minimum participation requirements in the SHOP, state regulatory authority exists for uniform group participation rules for offering health insurance coverage in the SHOP.		
Provide citation of state regulatory authority for SHOP uniform participation rules:			
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	
5.8	Eligibility Determinations: The Exchange will develop and maintain a website that is capable of providing employer eligibility determinations for the SBHCTC.		
I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date	



5.9	Electronically Report Results of Employer Eligibility Information for the SHOP: The SHOP will have the capacity to electronically report information to the IRS for tax administration, in accordance with 45 CFR § 155.721.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

6.0 Finance and Accounting

6.1	Cost, Budget, and Management Plan: The Exchange will have a long-term budget (i.e., with costs and revenues) and management plan, and will have long-term strategies for financial sustainability, as required by ACA § 1311(d)(5)(A).		
a.	The Exchange will establish methods to generate revenue and address any financial deficits.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
b.	The Exchange will have the ability to annually submit a multi-year operational budget and management plan as required by CMS.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
6.2	Financial Accounting Procedures and Financial Statement: The Exchange will keep accurate financial accounting procedures in accordance with generally accepted accounting principles (GAAP) pursuant to 45 CFR § 155.1200(a)(1). The Exchange will provide a financial Statement in accordance with GAAP principles by April 1 pursuant to 45 CFR § 155.1200(b)(1).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date



6.3	Oversight of Entities Eligible to Carry Out Exchange Functions: The Exchange will establish agreements and oversee entities who carry out one or more responsibilities of the Exchange in accordance with 45 CFR § 155.110(a) and (b).		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date
6.4	Exchange Organizational Structure and Staffing Plan: The Exchange will implement an organizational structure and staffing plan that enables the Exchange to support its ongoing business operations and perform all functions of an Exchange described in 45 CFR §155.200.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

7.0 Technology

7.1	Essential Functionality: The Exchange will determine its IT approach for performing the essential business functions of the Exchange (e.g., website, plan management, SHOP) by assigning internal resources or, if needed, contracting for technology services.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

8.0 Privacy and Security

8.1	Information Disclosure Agreement: In accordance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E), the Exchange will execute an Information Disclosure Agreement (IDA) with CMS, or an updated Information Disclosure Agreement, as applicable, to support authorized sharing of data between CMS and the SBE-FP.		
	I attest this activity is complete	I attest this activity will be complete	Completion/Expected Completion Date

9.0 Program Integrity and Oversight

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

10.0 User Fee

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