

## Single Streamlined Application Data Elements for Insurance Affordability Programs

### Account Creation/Sign-in (for online application)

1. Account Creation Data elements TBD (May just be name, email address)
2. Sign in options: Individual, Assister, Navigator, Agent/Broker
3. User ID and password

### Applicant Rights and Responsibilities Information

1. Privacy, Confidentiality, and Data Sharing information
2. Accept terms?

### Contact Information

#### Household Contact

1. Name of Contact (First, middle name, last, suffix)
2. Home Address (Street, apartment, City, State, Zip Code)
  - a. Need option for no fixed address
3. Mailing Address – if different from home address
4. Phone Numbers
  - a. Primary (where you can be reached) (type – cell phone)
  - b. Secondary (type – cell phone)
5. Language
  - a. Spoken
  - b. Read
6. Preferred forms of communication
  - a. Email – provide email address
  - b. Text message
  - c. Option to receive notices electronically
7. Applying for coverage for himself/herself?

### Authorized Representative

1. Yes/No
2. If yes, Name of Authorized Representative (First, middle name, last, suffix)
3. Organization, if associated with an organization
4. If yes, Mailing Address (Street, apartment, City, State, Zip Code)
5. If yes, Phone number
6. If yes, Permissions to:
  - a. Sign application
  - b. Receive notices
  - c. Act on applicant's behalf for all matters related to the application or account
7. Signature of applicant designated representative

### Financial assistance

1. Seeking financial assistance? (Y/N)
2. If yes to (1.), and application is being completed through an assister/navigator/agent/broker account via sign-in or an authorized representative was designated then,
  - a. Authorization of third party to view Federal Tax Information
    - i. Contact information (detail to be determined with IRS)

- b. Electronic signature of applicant authorizing third party

**Household member information** (Ask each question for each person, including those not applying for coverage, who will be included on the tax return of someone applying, as well as for any other family member living in the home.)

1. Name (first, middle, last, suffix)
2. Address
  - a. Same as, (Y/N)
  - b. If no, provide Street, apartment, City, State, Zip Code
3. Date of Birth (month, date, year)
4. Relationship to household contact
  - a. Self
  - b. Spouse
  - c. Domestic partner
  - d. Parent/Caretaker relative
  - e. Child
  - f. Stepparent
  - g. Stepchild
  - h. Sibling
  - i. Related in another way. How? \_\_\_\_\_
  - j. Not related
5. Is this person the parent or caretaker relative of an applying child? (Y/N)
  - a. If yes, which children?
6. Applying for coverage for this person?
7. Social Security Number (Mandatory for applicants who are eligible for one, voluntary for non-applicants.)
  - a. Information on what to do if not available
  - b. Include required disclosure information

**Applicant Information** (For each person applying)

1. Sex (Male/Female)
2. Attestation of U.S. Citizenship (Y/N)
  - a. If yes, and unable to verify through SSA data match
    - i. Naturalized citizen? (Y/N)
    - ii. If yes, request DHS ID number
3. If not attesting to citizenship, attestation of satisfactory immigration status (Y/N)
  - a. If yes, DHS ID number
  - b. If yes, Date entered the U.S.
  - c. If yes, Date of status
4. Ethnicity (OPTIONAL RESPONSE)
  - a. Hispanic, Latinola or Spanish origin (Y/N); If yes, (One or more categories can be selected)
    - i. Mexican, Mexican American, Chicanola
    - ii. Puerto Rican
    - iii. Cuban
    - iv. Another Hispanic, Latino or Spanish origin
5. Race (one or more categories can be selected) (Optional Response)
  - a. White

- b. Black
  - c. American Indian or Alaskan Native
  - d. Asian Indian
  - e. Chinese
  - f. Filipino
  - g. Japanese
  - h. Korean
  - i. Other Asian
  - j. Native Hawaiian
  - k. Guamanian or Chamorro
  - l. Samoan
  - m. Other Pacific Islander
6. If selected American Indian or Alaskan Native,
- a. Member of an Indian tribe/band/nation/pueblo/organized village? (If yes, which?)

**Tax filing Information**

List everyone in the household and ask:

1. Will you (or your spouse with whom you file jointly) file a tax return for the current tax year? (Y/N)
  - a. Do you expect your answer to change for the tax return that covers the benefit year (next year)?
2. Will you be claimed as a dependent on someone's tax return for the current tax year? (Y/N)
  - a. If yes, whose tax return?
  - b. Do you expect your answer to change for the tax return that covers the benefit year (next year)?
3. If no to both (1.) and (2.), will need additional questions to determine household.

**Additional questions (if financial assistance is requested)**

1. Is anyone in the household pregnant? (Y/N) (If yes, who?) (If yes, how many?)
2. Is anyone applying blind or disabled? (Y/N) (If yes, who?)
3. Is anyone applying in need of long-term care? (Y/N) (If yes, who?)
4. Is anyone applying incarcerated? (Y/N/Incarcerated pending disposition)

**Income Self-Attestation (if financial assistance is requested)**

1. Applicant constructs current MAGI by providing income information for each household member
2. What do you expect your annual income to be in the coverage year?
3. Have you or anyone on the application:
  - a. Changed jobs in the past six months?
  - b. Stopped working in the past six months?
  - c. Had a decrease in the hours worked in the past six months?
  - d. If yes, who?

**Preliminary Eligibility Determination** (System runs rules to evaluate components of eligibility including citizenship/immigration status, examine tax household(s), determine Medicaid household(s) and calculate income eligibility for Medicaid, CHIP, and APTC/CSR.)

**Medicaid-specific Questions** (for each applicant determined potentially eligible for Medicaid)

1. Other health insurance enrollment (Y/N)
  - a. If yes, Who?
  - b. If yes, Type of insurance – private/employer sponsored, Medicare, etc.?
  - c. If yes, Policy number
2. Medical expenses (paid and unpaid bills) in last 3 months (Y/N) (if yes, who?)
3. Due Date of Pregnancy (If anyone in household is pregnant.)
4. Absent Parent/Spouse
  - a. Does a parent of a child applying or a spouse of someone applying live outside the home? (Y/N)
    - i. If yes, willing to provide information on absent parent or spouse?
    - ii. If no, Good cause exemption? (Y/N) (If yes, need explanation of good cause.)
5. Native American or Alaskan Native (if checked under race)
  - a. Received Indian health provider services? (Y/N)
  - b. Eligible for Indian health provider services? (Y/N)

**CHIP-specific Questions** (for each applicant determined potentially eligible for CHIP)

1. Other health insurance enrollment (current or in last 6 months)
  - a. If yes, who?
  - b. If yes, type of insurance – private/employer sponsored, Medicare, etc.

**APTC-specific Questions** (for each applicant determined potentially eligible for APTC, and other household members)

List everyone in the household.

1. Enrollment in employer sponsored coverage? (Y/N) (Check all that apply, optional for non-applicants.)
  - a. If yes for any individual request end date of coverage (Include relevant information effect of current coverage on APTC eligibility.)
2. Access to employer sponsored coverage
  - a. For all employers we will need this information. Additional information beyond what is needed for income is optional for employers of non-applicants.
    - i. Name of employer
    - ii. Employer address and phone number
    - iii. Employer identification Number (EIN)
    - iv. Full-time or part-time (if database to match against)
  - b. Offer of health insurance (Y/N) (check all that apply, optional for non-applicants)
    - i. If yes, is plan offered minimum essential coverage?
    - ii. If yes, what is the lowest cost self-only plan available?
    - iii. Employee's share/contribution?
    - iv. How often employee pay this amount?
3. Eligible for other public coverage? (VA, Medicare, Tri-care, etc.)
4. Provide SSNs if not already provide as applicable
5. Placeholder for Special Enrollment Period questions

**Signature Page**

1. Rights and Responsibilities

2. Attestations regarding APTC (must file taxes, etc.)
3. Permission to use tax data at renewal
4. Will an Authorized Representative sign the application?
5. Signature(s) of applying adults and/or someone acting responsibly and/or an authorized representative as relevant.