

Outbound Account Transfer (AT): Identifying Eligibility Referral Reason and Verification Status

Using AT payloads to understand appropriate next steps for state Medicaid and CHIP agencies

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Contents

Purpose	1
Background	2
Definitions of Key Terms	2
Root Nodes of the AT Payload	3
InsuranceApplicant/ReferralActivity node.....	4
Example Referral Activity node with one reason :	5
Example Referral Activity node with two reasons :	5
Program Eligibility Node	6
Example Program Node – showing Eligibility Indicator	6
Example: Program Node continued – showing reasonText.....	7
Example Program Node continued - showing EligibilityBasis node (for Medicaid Income):.....	7
Section 2: Suggested Approach for Identifying a Pend/Inconsistency and/or a non-MAGI referral and/or a full-determination request.....	8
Step 1: Identifying that an Inconsistent and/or Pend is present in the AT using the ReferralActivity node.....	8
Step 2: Identifying for which program(s) the applicant is referred using ReferralActivity and xEligibility nodes.....	9
Step 3a: For two referral cases, identify if pend or inconsistent result exists using ReasonText in the xEligibility node..	9
Step 3b: Identifying which eligibility factors are pend or inconsistent using xEligibilityBasisStatusCode in the xEligibility node	9
Appendix A: Summary Identifying status (verified, pend, inconsistent) of the FFM eligibility result for referred applicants	10
Appendix B: Xpaths for referenced data elements.....	11
Appendix C: Payload examples for identifying verified, pends, inconsistencies, NonMAGI, and full determination	13
Appendix D: Complete Reason Code List.....	13

Purpose

This document explains the best way for state Medicaid/Children’s Health Insurance Program (CHIP) agencies (SMAs) in states that use the Federal Marketplace platform (referred to throughout this resource as Federally-Facilitated Marketplace (FFM) states) to process Outbound account transfer (AT) payloads from the FFM. Specifically, this



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document assists states with appropriately identifying the status of consumers referred to the SMA via Outbound AT, who can be broadly categorized in the following groups:

- Consumers whose Modified Adjusted Gross Income (MAGI)-based eligibility has been fully verified by the FFM;
- Consumers who appear to be eligible on a MAGI basis, based on attestations, but who have at least one outstanding eligibility verification issue (a pend and/or inconsistency) identified by the FFM; and
- Consumers who have been referred by the FFM for a non-MAGI eligibility determination or to fulfill a consumer's request for a full determination.

This document (1) details the markers in the Outbound AT payload that indicate the reason for the AT and (2) suggests steps to identify in the Outbound AT payload the specific pend and/or inconsistency and/or non-MAGI/full determination referral.

The structure of the FFM Outbound AT payload is the same, regardless of whether a state is an assessment (FFM-A) state, a state that temporarily accepts fully verified FFM MAGI-based Medicaid and/or CHIP assessments as determinations (FFM-Temp D), or a determination (FFM-D) state. As such, the information in this document on how to read the technical elements of the payload applies to **all** FFM states. FFM-A, FFM-Temp D, and FFM-D states must be able to use the application information from the Outbound AT payload to determine next steps, which may include identifying information that has been fully verified by the FFM; resolving verification issues (pends and inconsistencies); evaluating eligibility; and/or enrolling in coverage, as applicable.

Background

Definitions of Key Terms

Referred: An applicant on a transferred application who is sent from the FFM to the state for Medicaid/CHIP eligibility; can have a status of fully verified, pend, and/or inconsistent (regardless of FFM-A, FFM-Temp D, or FFM-D state)

Verified: All factors of eligibility for Medicaid/CHIP have been verified by the FFM, including immigration status or U.S. citizenship, income, and residency; no further verification of the identity needed by the state unless the state's hierarchy has a verification data source other than what FFM uses to verify

Pend vs. Inconsistency: While Medicaid/CHIP agencies typically refer to all outstanding verification issues as "inconsistencies," the FFM separates outstanding Medicaid/CHIP verification issues into two types:

Pend: When income, residency, and/or Social Security Number (SSN) are unverified or data sources are not aligned with consumers' attestation. Only once these eligibility factors are verified can an applicant receive a final determination of Medicaid/CHIP eligibility and be enrolled, if eligible

Inconsistency: When U.S. citizenship or immigration status is unverified. As long as there is no other factor of eligibility that is unverified and the consumer is otherwise Medicaid/CHIP-eligible, the consumer is furnished benefits and is provided a reasonable opportunity period to verify their U.S. citizenship or satisfactory immigration status



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Full Determination: An applicant whom the FFM evaluates as ineligible for MAGI-based Medicaid, Emergency Medicaid, and who did not attest to a recent Medicaid/CHIP denial by the state, can request to be sent to the state for a full determination. In **FFM-A and FFM-Temp D states**, the state must evaluate the applicant on all bases (MAGI and non-MAGI). In **FFM-D states**, the state must evaluate the consumer on a non-MAGI basis only

Root Nodes of the AT Payload

This section shows the root nodes of the payload that FFM-A, FFM-Temp D, and FFM-D states receive, and expanded nodes where the data that identifies the following is found: the referred applicant, the program to which the applicant is referred, and the status of eligibility (verified, pend, inconsistent). The column references are to the *Summary Identifying status (verified, pend, inconsistent) of the FFM eligibility results* table in [Appendix A](#) of this resource.

- TransferHeader
 - Sender
 - Receiver
 - Insurance Application
 - InsuranceApplicant
 - <program¹>Eligibility
 - **EligibilityIndicator** – (column 4 - will be true for applicant referred for this program)
 - **EligibilityReasonText** (column 5 – will be present for a verified referral)
 - **EligibilityInconsistencyReasonText** (column 5 – will be present for inconsistent or pend referral)
 - <program><basis²>EligibilityBasis
 - **EligibilityBasisStatusCode** (column 6 - indicates the verification status for the eligibility basis)
 - ReferralActivity – only referred applicants will have this node
 - ReferralActivityStatus (contains **ReferralActivityOverallVerificationStatusCode** – (column 2 – indicates the verification status of the referred applicant))
 - **ReferralActivityReasonCode** (column 3 – identifies FullDetermination request)
 - ReferralActivityEligibilityReasonReference is an id that points to the <program>Eligibility node to which the applicant is referred
- Assister
- MedicaidHousehold
- Person
- TaxReturn
- VerificationMetadata
- PhysicalHousehold

Section 1: Outbound AT Payload Markers Identifying the Reason for an AT

This section explains how the data in the InsuranceApplicant segment of the Outbound AT payload indicates the reason for the transfer.

¹ program = MedicaidMAGI, EmergencyMedicaid, CHIP, MedicaidNonMAGI and other Exchange programs

² basis = Income, Residency CitizenshipOrImmigration and other eligibility results



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InsuranceApplicant/ReferralActivity node

This node communicates high level information about the referral with pointers to the program eligibility nodes for which the applicant is referred. The data elements for the referral reason and status are described below and two example Referral Activity nodes are provided.

1. In the InsuranceApplicant/ReferralActivity node the *ReferralActivityEligibilityReasonReference* is a system-generated ID that points to the program(s) for which the applicant is referred.³ This ID links the referral to the program node, which could be MedicaidMAGIEligibility or CHIPEligibility or EmergencyMedicaidEligibility **and/or** MedicaidNonMAGIEligibility node.

Example: <ns5:ReferralActivityEligibilityReasonReference ns1:ref="e579641"/>

2. The *ReferralActivityOverallVerificationStatusCode* indicates when an applicant has been referred as fully verified or with an inconsistency (U.S. citizen or satisfactory immigration status is not verified) or pend (residency and/or income is not verified) verification result. As a reminder, an applicant can be referred with an inconsistent and/or pend in both determination **and** assessment states. When verification issues that would result in both an inconsistency and a pend are present (i.e., both U.S. citizenship or satisfactory immigration status and residency and/or income are not verified), the overall status will be set to pend because income, residency, and SSN verification issues must be addressed before the consumer's Medicaid/CHIP benefits can begin. When only U.S. citizenship or satisfactory immigration status is not verified, a consumer's Medicaid/CHIP benefits must begin immediately, with the provision of a reasonable opportunity period.
 - a. When the ReferralActivityOverallVerificationStatusCode = P, the status is **Pending**
 - b. When the ReferralActivityOverallVerificationStatusCode = I, the status is **Inconsistent**
 - c. When the ReferralActivityOverallVerificationStatusCode = Y, there are four possible scenarios:
 1. An applicant is referred for MAGI-based program, and the factors of MAGI-based eligibility have been fully **verified**. There is no non-MAGI referral,
 2. An applicant is referred on a non-MAGI basis, but is ineligible for MAGI-based Medicaid/CHIP
 3. An applicant is referred for a MAGI-based program, and the factors of MAGI-based eligibility have been fully **verified**. The applicant has **also** been referred on a non-MAGI basis
 4. An applicant is referred for a MAGI-based program, but there are outstanding verification issues (pend or inconsistency) related to factors of MAGI-based eligibility. The applicant has **also** been referred on a non-MAGI basis.

Note: States need to first check whether an applicant has more than one ReferralActivityEligibilityReasonReference per ReferralActivity. When an applicant is referred for non-MAGI and MAGI (scenarios 3 or 4 above), there are two ReferralActivityEligibilityReasonReference, one for each referral reason, as shown in the second example below. The **overall** status code will be "Y" regardless of the verification status of the MAGI result. In this case, the MAGI verification status (verified, inconsistent, pend) must be determined by the eligibility basis in the Program node for the referred program as described in the *Program Eligibility Node* section.

³ Applicants can be referred to the state for both MAGI-based eligibility and non-MAGI eligibility.



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The Program Eligibility Node provides the details of the eligibility result for the referred program, including the eligibility basis (residency, income, U.S. citizenship/immigrant status), as shown in the Program Eligibility Node section below (#3).

Example Referral Activity node *with one reason*:

```
<ns5:ReferralActivity>
  <ns2:ActivityIdentification>
    <ns2:IdentificationID>FFM91790996519402986</ns2:IdentificationID>
  </ns2:ActivityIdentification>
  <ns2:ActivityDate>
    <ns2:DateTime>2019-10-04T10:33:31.946-04:00</ns2:DateTime>
  </ns2:ActivityDate>
  <ns5:ReferralActivitySenderReference ns1:ref="Sender"/>
  <ns5:ReferralActivityReceiverReference ns1:ref="medicaidReceiver"/>
  <ns5:ReferralActivityStatus>
    <ns5:ReferralActivityStatusCode>Initiated</ns5:ReferralActivityStatusCode>
    <ns5:ReferralActivityOverallVerificationStatusCode>P</ns5:ReferralActivityOverallVerificationStatusCode>4
  </ns5:ReferralActivityStatus>
  <ns5:ReferralActivityEligibilityReasonReference ns1:ref="e579641"/>5
</ns5:ReferralActivity>
```

In this case, ReferralActivityEligibilityReasonReference “e579641” points to the MedicaidMAGIEligibility program eligibility node:

```
<hix-ee:MedicaidMAGIEligibility xmlns:s = "http://niem.gov/niem/structures/2.0" s:id = "e579641">
```

Example Referral Activity node *with two reasons*:

When the applicant is referred for both MAGI (referral or determination) and nonMAGI (referral only), the ReferralActivityOverallVerificationStatusCode will **always** be “Y” when an applicant is referred for non-MAGI, even when there is **also** a MAGI referral with a pend or inconsistency.

```
<ns5:ReferralActivity>
  <ns2:ActivityIdentification>
    <ns2:IdentificationID>FFM91790996519402986</ns2:IdentificationID>
  </ns2:ActivityIdentification>
  <ns2:ActivityDate>
    <ns2:DateTime>2019-10-04T10:33:31.946-04:00</ns2:DateTime>
  </ns2:ActivityDate>
  <ns5:ReferralActivitySenderReference ns1:ref="Sender"/>
```

⁴ See [Appendix B](#), Item 1, ReferralActivityOverallVerificationStatusCode

⁵ See [Appendix B](#), Item 2, ReferralActivityEligibilityReasonReference



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```

<ns5:ReferralActivityReceiverReference ns1:ref="medicaidReceiver"/>
<ns5:ReferralActivityStatus>
  <ns5:ReferralActivityStatusCode>Initiated</ns5:ReferralActivityStatusCode>
  <ns5:ReferralActivityOverallVerificationStatusCode>Y</ns5:ReferralActivityOverallVerificationStatusCode>
</ns5:ReferralActivityStatus>
<ns5:ReferralActivityEligibilityReasonReference ns1:ref="e1590476834737276928"/> non-MAGI
  <ns5:ReferralActivityEligibilityReasonReference ns1:ref="e1684788657183049755"/> MAGI pend
</ns5:ReferralActivity>

```

In this case, ReferralActivityEligibilityReasonReference “e1590476834737276928” points to the MedicaidNonMAGIEligibility program eligibility node:

```

<hix-ee:MedicaidNonMAGIEligibility xmlns:s = "http://niem.gov/niem/structures/2.0" s:id = "
e1590476834737276928">

```

And ReferralActivityEligibilityReasonReference ns1:ref="e1684788657183049755"/> points to the MedicaidMAGIEligibility program eligibility node:

```

<hix-ee:MedicaidMAGIEligibility xmlns:s = "http://niem.gov/niem/structures/2.0" s:id = "
e1684788657183049755">

```

Program Eligibility Node

This node provides the details of the eligibility result for the referred program, including each of the factors of eligibility (residency, income, U.S. citizenship/immigrant status).

1. The EligibilityIndicator in the program node indicates whether the applicant is eligible for this program. For any ReferralActivityEligibilityReasonReference in the ReferralActivity, this value will always be “true”. “true” indicates that the applicant was assessed or determined eligible for the program, *but does not specify the verification result.*

Example Program Node – showing Eligibility Indicator

```

<ns5:MedicaidMAGIEligibility ns1:id = "e1676044463371241487" xmlns:ns1 =
"http://niem.gov/niem/structures/2.0">
  <ns5:EligibilityDateRange>
    <ns2:StartDate xmlns:ns2 = "http://niem.gov/niem/niem-core/2.0">
      <ns2:Date>2020-01-28</ns2:Date>
    </ns2:StartDate>
  </ns5:EligibilityDateRange>
  <ns5:EligibilityDetermination>
    <ns2:ActivityDate xmlns:ns2 = "http://niem.gov/niem/niem-core/2.0">
      <ns2:DateTime>2020-01-28T20:10:17.644-05:00</ns2:DateTime>
    </ns2:ActivityDate>
  </ns5:EligibilityDetermination>
  <ns5:EligibilityIndicator>true</ns5:EligibilityIndicator>

```

[... data for this node continues]



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2. Only one of two reasonText fields will be present to differentiate between eligibility that has been fully verified and eligibility that has one or more outstanding verification issues (pend or inconsistency). However, the reasonText field does not differentiate a pend from an inconsistency.
 - a. If the EligibilityReasonText is present (not null), this is a fully verified determination.
 - b. If the EligibilityInconsistencyReasonText is present (not null), the determination is not fully verified (i.e., a pend or inconsistency is present for the applicable program).

Example: Program Node continued – showing reasonText

```
<ns5:EligibilityEstablishingSystem>
  <ns4:InformationExchangeSystemCategoryCode xmlns:ns4 = "http://hix.cms.gov/0.1/hix-
core">Exchange</ns4:InformationExchangeSystemCategoryCode>
</ns5:EligibilityEstablishingSystem>
<ns5:EligibilityInconsistencyReasonText>302</ns5:EligibilityInconsistencyReasonText>
<ns5:MedicaidHouseholdReference ns1:ref =
"mh1676044462222002179"></ns5:MedicaidHouseholdReference>
```

[... data for this node continues]

In this example, the EligibilityInconsistencyReasonText is 302, which indicates “Residency or income information is pending.” A comprehensive list of codes is available in [Appendix D](#).

3. The EligibilityBasisStatusCode⁶ is present for each of the eligibility factor nodes for the referred program and specifies if the verification result is verified, pend, or inconsistent with values of “Complete”, “Pending”, or “Inconsistent”, depending on the eligibility factor:
 - a. IncomeEligibilityBasis (which can be ‘complete’ or ‘pending’),
 - b. ResidencyEligibilityBasis (which can be ‘complete’ or ‘pending’) and
 - c. CitizenOrImmigrantEligibilityBasis (which can be ‘complete’ or ‘inconsistent’).

Example Program Node continued - showing EligibilityBasis node (for Medicaid Income):

```
<ns5:MedicaidMAGIIncomeEligibilityBasis>
  <ns5:EligibilityBasisStatusCode>Pending</ns5:EligibilityBasisStatusCode>4
  <ns5:EligibilityBasisInconsistencyReasonText>365</ns5:EligibilityBasisInconsistencyReasonText>
  <ns5:EligibilityBasisDetermination>
    <ns2:ActivityDate>
      <ns2:DateTime>2019-06-02T14:01:28.301-04:00</ns2:DateTime>
    </ns2:ActivityDate>
  </ns5:EligibilityBasisDetermination>
  <ns5:IncomeEligibilityBasisStateThresholdFPLPercent>194</ns5:IncomeEligibilityBasisStateThresholdFPLPercent>
  <ns5:IncomeEligibilityBasisRPCRulesAppliedIndicator>false</ns5:IncomeEligibilityBasisRPCRulesAppliedIndicator>
</ns5:MedicaidMAGIIncomeEligibilityBasis>
```

[... data for this node continues for the other eligibility factors (residency, citizen/immigration status)]

⁴ See [Appendix B](#), Item 3, EligibilityBasisStatusCode



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Section 2: Suggested Approach for Identifying a Pend/Inconsistency and/or a non-MAGI referral and/or a full-determination request

The following steps can be used to identify the presence and type of verification issue(s) (pend or inconsistency). As described above, when the program node “**EligibilityIndicator = true**” the applicant's eligibility basis for the referred program (*EligibilityBasisStatusCode*) is one of three statuses (“complete” (fully verified), “pending” or “inconsistent”). The following steps are represented in a flow diagram referenced below.

See Identifying Pends and Inconsistencies in ATs document in the “Supplemental Materials - Outbound AT – Identifying Elig. Referral Reason & Verification Status” Zip folder

Step 1: Identifying that an Inconsistent and/or Pend is present in the AT using the ReferralActivity node

When the ReferralActivityOverallVerificationStatusCode is P or I, there will only be one ReferralActivityEligibilityReasonReference. When the ReferralActivityOverallVerificationStatusCode = Y, there may be 1 or 2 ReferralActivityEligibilityReasonReference, as described below.

1. When the ReferralActivityOverallVerificationStatusCode = P, the status is **Pending or Pending and Inconsistent*** (referral). Complete step 2 and then skip to step 3b.
 - d. *When both inconsistent and pending eligibility basis results are present **or** only a pending eligibility basis result is present, the ReferralActivityOverallVerificationStatusCode will be Pending. States should look at all factors of eligibility (IncomeEligibilityBasis, ResidencyEligibilityBasis, and CitizenOrImmigrantEligibilityBasis) to find all inconsistencies and pends that need to be addressed.
2. When the ReferralActivityOverallVerificationStatusCode = I, the status is **Inconsistent**. Complete step 2 and then skip to step 3b.
3. When the ReferralActivityOverallVerificationStatusCode = Y and there is only one ReferralActivityEligibilityReasonReference, the status is verified. Go to Step 2 to identify if the referral is on the basis of (potential) MAGI-based eligibility or potential non-MAGI-based eligibility.
 - a. If MAGI, process as an account that is fully verified (no outstanding verification issues). There are no further steps to determine verification status.
 - i. Determination states will accept the MAGI-based determination of eligibility as final
 - ii. Assessment states must conduct a final determination of eligibility.
 - b. If non-MAGI, process as non-MAGI application. There are no further steps to determine verification status and processing is complete.
4. When the ReferralActivityOverallVerificationStatusCode = Y and there are two ReferralActivityEligibilityReasonReference nodes, go to Step 2 and then go to step 3a to determine the verification status for the MAGI referral.
5. When there is no ReferralActivityOverallVerificationStatusCode and the ReferralActivityReasonCode = “FullDetermination,” go to step 3a to determine if any of the factors of eligibility have a pend or inconsistent verification result.



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Step 2: Identifying for which program(s) the applicant is referred using ReferralActivity and xEligibility⁷ nodes

1. Use the ReferralActivityEligibilityReasonReference to locate the **program eligibility nodes** as described in Section 1: MedicaidMAGIEligibility or CHIPLEligibility or EmergencyMedicaidEligibility and/or MedicaidNonMAGIEligibility for which the applicant was referred.

Step 3a: For *two* referral cases, identify if pend or inconsistent result exists using ReasonText in the xEligibility node

1. If the EligibilityReasonText is present (not null), this is an account that is fully verified (no outstanding verification issues). There are no further steps, processing is complete.
2. Else EligibilityInconsistencyReasonText is present, this is a pend/inconsistency referral. Go to Step 3b to determine whether pend or inconsistent.

Step 3b: Identifying which eligibility factors are pend or inconsistent using xEligibilityBasisStatusCode⁸ in the xEligibility node

1. Within the IncomeEligibilityBasis, ResidencyEligibilityBasis and CitizenOrImmigrantEligibilityBasis nodes the EligibilityBasisStatusCode values of “Pending”, “Inconsistent”, or “Complete” distinguish the verification status for the relevant factor of eligibility.
2. When EligibilityBasisStatusCode is “complete” the StatusIndicator can be “true” (verified) or “false” (ineligible).

Shortcuts

The following data conditions provide shortcuts to the above steps:

- the EligibilityBasisStatusCode is “Pending or “Inconsistent”. In this case, it is not necessary to look at the reasonText (step 3a) to distinguish complete from pend/inconsistent
- the EligibilityBasisStatusCode is “Complete” and there is **only one ReferralActivityEligibilityReasonReference** under the **ReferralActivity** node. In this case, it is not necessary to look further than step 2 (which identifies MAGI or non-MAGI) to identify if a pend or inconsistency is present, because the verification result is verified (there is no pend or inconsistent).
- ReferralActivityReasonCode is present with a value of “FullDetermination” and there is no ReferralActivityEligibilityReasonReference. In this case, the eligibility basis results could still contain a pend or inconsistency.

⁷ xEligibility is shorthand to represent one of several eligibility bases where x can be any of the following programs: Medicaid, CHIP, EmergencyMedicaid, MedicaidNonMagi, or Exchange.

⁸ xEligibilityBasisStatusCode is shorthand to represent the basis where x can be one of the three factors of eligibility for Medicaid/CHIP eligibility Income, Residency CitizenshipOrImmigration or other basis, like category basis, used to determine the 3 factors of eligibility for Medicaid/CHIP.



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Appendix A: Summary Identifying status (verified, pend, inconsistent) of the FFM eligibility result for referred applicants

The table below summarizes how to use the payload data at the three different levels (referral activity, program, eligibility basis) to identify verified, pend and inconsistent status for the referred applicant. See [Appendix D](#) for the complete SES reason code list when looking at “ReasonText” fields (Column 5).

Key Consideration: When an applicant is referred for non-MAGI *and* MAGI there are two ReferralActivityEligibilityReasonReference in the ReferralActivity node. The **overall** status code will be “Y” regardless of the verification status of the MAGI result (i.e., even if the MAGI verification result is pend or inconsistent). In this case, the MAGI verification status (verified, inconsistent, pend) must be determined by the eligibility basis in the Program node for the referred program.

Scenario	ReferralActivity Level		ProgramEligibility Level (MedicaidMAGI/CHIP/EmergencyMedicaidEligibility/NonMAGI)		ProgramEligibilityBasis Level
	Column 2 ReferralActivityOverall VerificationStatusCode (Y/P/N/I)	Column 3 ReferralActivity ReasonCode	Column 4 EligibilityIndicator (true/false)	Column 5 EligibilityReasonText or EligibilityInconsistencyReasonText (3- digit code)	Column 6 EligibilityBasisStatusCode / StatusIndicator ⁹
Verified	Y	Null	true	EligibilityReasonText	Complete / true for all eligibility basis
Pend	P	Null	true	EligibilityInconsistencyReasonText	Pending (for residency and/or income) / null
Inconsistent	I	Null	true	EligibilityInconsistencyReasonText	Inconsistent (U.S. citizenship or satisfactory immigration) / null
Referred for NonMAGI	Y	Null	true	EligibilityReasonText	See Example 5 in Appendix C
Full Determination	Null	FullDetermination No referenceID	“false” for Medicaid The indicator for the other programs could be either true or false.	Could be either EligibilityReasonText or EligibilityInconsistencyReasonText ¹⁰	At least one EligibilityBasisStatusCode is “Complete” for Medicaid with a StatusIndicator of “false”, resulting in Medicaid ineligible

⁹ An EligibilityBasisStatusCode of “Complete” can have a StatusIndicator value of “true” or “false”. If EligibilityBasisStatusCode has a value of anything other than “Complete,” StatusIndicator will have a value of “Null”.

¹⁰ When the EligibilityIndicator is FALSE, the EligibilityReasonText is present.

Appendix B: Xpaths for referenced data elements

The table below provides the AT payload xpaths for referenced data elements.

Item#	Payload data element name	Description	AT Payload Path
1	ReferralActivityOverallVerificationStatusCode	An overall status of the verifications needed to establish eligibility for the applicant being referred.	exch:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:ReferralActivity/hix-ee:ReferralActivityStatus/hix-ee:ReferralActivityOverallVerificationStatusCode
2	ReferralActivityEligibilityReasonReference/@s:ref]/name()	An assessment or determination of an eligibility that motivates a referral activity.	exch:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/*[@s:id = /exch:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:ReferralActivity/hix-ee:ReferralActivityEligibilityReasonReference/@s:ref]/name()

Item#	Payload data element name	Description	AT Payload Path
3	(1) MedicaidMAGIIncomeEligibilityBasis/hix-core:StatusIndicator (2) MedicaidMAGIIncomeEligibilityBasis/hix-ee:EligibilityBasisStatusCode (3) MedicaidMAGIIncomeEligibilityBasis/hix-ee:EligibilityBasisInconsistencyReasonText (4) MedicaidMAGIIncomeEligibilityBasis/hix-ee:EligibilityBasisIneligibilityReasonText (5) MedicaidMAGIIncomeEligibilityBasis/hix-ee:EligibilityBasisDetermination/nc:ActivityDate/nc:DateTime (6) EmergencyMedicaidIncomeEligibilityBasis/hix-core:StatusIndicator (7) EmergencyMedicaidIncomeEligibilityBasis/hix-ee:EligibilityBasisStatusCode (8) EmergencyMedicaidIncomeEligibilityBasis/hix-ee:EligibilityBasisInconsistencyReasonText (9) EmergencyMedicaidIncomeEligibilityBasis/hix-ee:EligibilityBasisIneligibilityReasonText	The result of the Medicaid Income verification	(1) exh:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:MedicaidMAGIEligibility/hix-ee:MedicaidMAGIIncomeEligibilityBasis/hix-core:StatusIndicator (2) exh:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:MedicaidMAGIEligibility/hix-ee:MedicaidMAGIIncomeEligibilityBasis/hix-ee:EligibilityBasisStatusCode (3) exh:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:MedicaidMAGIEligibility/hix-ee:MedicaidMAGIIncomeEligibilityBasis/hix-ee:EligibilityBasisInconsistencyReasonText (4) exh:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:MedicaidMAGIEligibility/hix-ee:MedicaidMAGIIncomeEligibilityBasis/hix-ee:EligibilityBasisIneligibilityReasonText (5) exh:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:EmergencyMedicaidEligibility/hix-ee:EmergencyMedicaidIncomeEligibilityBasis/hix-core:StatusIndicator (6) exh:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:EmergencyMedicaidEligibility/hix-ee:EmergencyMedicaidIncomeEligibilityBasis/hix-ee:EligibilityBasisStatusCode (7) exh:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:EmergencyMedicaidEligibility/hix-ee:EmergencyMedicaidIncomeEligibilityBasis/hix-ee:EligibilityBasisInconsistencyReasonText (8) exh:AccountTransferRequest/hix-ee:InsuranceApplication/hix-ee:InsuranceApplicant/hix-ee:EmergencyMedicaidEligibility/hix-ee:EmergencyMedicaidIncomeEligibilityBasis/hix-ee:EligibilityBasisIneligibilityReasonText (9) MedicaidMAGIIncomeEligibilityBasis/hix-ee:EligibilityBasisDetermination/nc:ActivityDate/nc:DateTime



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Appendix C: Payload examples for identifying verified, pends, inconsistencies, NonMAGI, and full determination

Example Outbound AT Payloads

Example 1: 1 applicant, referred for Medicaid, verified See Example 1 in the “Supplemental Materials - Outbound AT – Identifying Elig. Referral Reason & Verification Status” Zip folder

Example 2: 1 applicant, referred for Medicaid, inconsistent See Example 2 in the “Supplemental Materials - Outbound AT – Identifying Elig. Referral Reason & Verification Status” Zip folder

Example 3: 1 applicant, referred for Medicaid, pend See Example 3 in the “Supplemental Materials - Outbound AT – Identifying Elig. Referral Reason & Verification Status” Zip folder

Example 4: 1 applicant, full determination request See Example 4 in the “Supplemental Materials - Outbound AT – Identifying Elig. Referral Reason & Verification Status” Zip folder

Example 5: 1 applicant, referred for non-MAGI See Example 5 in the “Supplemental Materials - Outbound AT – Identifying Elig. Referral Reason & Verification Status” Zip folder

Payload elements that identify a screening condition that results in the applicant being referred to the state for nonMAGI determination when the condition is new since the prior application.

1. **Attested blind or disabled:** “true” if reason for nonMAGI referral
 - a. InsuranceApplicantBlindnessOrDisabilityIndicator
2. **Attested long term care:** “true” if reason for nonMAGI referral
 - a. InsuranceApplicantLongTermCareIndicator
3. **Age > 65:** (>65 if reason for nonMAGI referral)
 - a. PersonAgeMeasure/nc:MeasurePointValue
4. **SSA returned the PersonDisabledIndicator:** “true” / “Complete” if reason for nonMAGI referral
 - a. MedicaidNonMAGIBlindnessOrDisabilityEligibilityBasis/hix-core:StatusIndicator
 - b. MedicaidNonMAGIBlindnessOrDisabilityEligibilityBasis/hix-ee:EligibilityBasisStatusCode
5. **Medicare data indicated applicant enrolled in Medicare:** “true” / “Complete” if reason for nonMAGI referral
 - a. MedicaidNonMAGIMedicareEntitlementEligibilityBasis/StatusIndicator
 - b. MedicaidNonMAGIMedicareEntitlementEligibilityBasis/hix-ee:EligibilityBasisStatusCode

Example 6: 1 applicant, referred for Medicaid MAGI and non-MAGI See Example 6 in the “Supplemental Materials - Outbound AT – Identifying Elig. Referral Reason & Verification Status” Zip folder

Appendix D: Complete Reason Code List

The Excel document referenced below contains all reason codes currently used by SES, along with their code descriptions.



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See CompleteSESReasonCodeList document in the “Supplemental Materials - Outbound AT – Identifying Elig. Referral Reason & Verification Status” Zip folder



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