

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH Notices Content Templates

The Coverage Learning Collaborative Notices Project team (CMS, Manatt Health, MAXIMUS Center for Health Literacy, and Mathematica Policy Research) developed notice templates framework to organize the notice construction. Each template represents a different eligibility determination scenario – described at the top of the template – and identifies applicable key messages based on the codes from the *Key Messages Menu Set*. As in the *Key Messages Menu*, the content in **red and bold** * under the “Content Description” heading indicates information legally required by federal statute and final and proposed regulations. The headings for each section of the notice, as described in section G of the *Key Messages Menu Set*, are identified as green rows with a ^ in the tables below.

These templates are not intended to be consumer-facing, but rather building blocks for the development of a final notice. States will want to consider formatting, design, and layout choices in translating the templates into a final notice. These considerations include:

- **Content**
 - Organization from the consumers’ perspective
 - Key messages first and prominent
 - Information divided into one-topic paragraphs
 - Meaningful, descriptive headings
 - Definitions for necessary technical terms
 - Streamlined information
 - Tell readers what the notice is about and what action they must take

- **Language**
 - Clear, simple wording for headings
 - Instructions for needed actions in clear, numbered steps beginning with an action verb
 - Friendly tone
 - Active voice
 - Parallel construction
 - Short, simple paragraphs and sentences
 - Common, familiar words (avoid jargon)

- **Design**
 - For paragraph text, font size equivalent to 12 point Times New Roman with leading (space between lines) of 120%-150%, using sans serif fonts when possible
 - Size variation between the paragraph text and the different levels of headers
 - Short line lengths, between 10 and 16 words

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- Key words and dates in bold, used sparingly and in appropriate places
- Left alignment on all of the paragraph text
- Contact information on every page
- Retain sufficient white space in margins and between sections

The June 29, 2017 presentation includes additional review of health literacy best practices and highlights how they have been applied in the model notices.

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1. Adult Eligible for Medicaid	
Design Scenario: Individual submits the single streamlined application to the State Medicaid Agency. The agency determines the individual eligible for Medicaid under MAGI rules for the adult group. State has different Alternative Benefit Plan (ABP) benefit packages. State utilizes Medicaid managed care and imposes co-pays for services.	
Application Entryway	State Medicaid Agency
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency
Model Content	

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.15
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.6
Notice Rationale ^		G.1.a
Eligibility Determination – Individual: Eligible for Medicaid	<ul style="list-style-type: none"> Decision on application* 	B.1.a
Coverage Effective Date – Individual/All Family Members: Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application)* 	B.11.a

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Notice Segment	Content Description	Key Message Code
Individual: Benefit Card and Plan Selection Information and Instructions (Medicaid) ^		G.12.a
Benefits – Individual: Medicaid Benefit Card	<ul style="list-style-type: none"> Notification that consumer will receive Medicaid benefit card and may use it immediately to access benefits Instructions for card usage. 	D.6.e
Plan Selection/Enrollment – Individual: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> Instructions for plan selection <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim. 	D.2.a
Services and Cost Sharing Information and Instructions (Medicaid/CHIP) ^		G.14
Benefits - Individual: Medicaid benefits	<ul style="list-style-type: none"> Services that benefit plan covers* Population specific benefit language, e.g., EPSDT* Contact information for consumer to receive more information about benefit plan package* 	D.6.a
Cost Sharing Obligations/Assistance -Individual: Medicaid premium information	<ul style="list-style-type: none"> Consumer premium obligations* Contact information for consumer to receive more information on premiums* 	D.1.a
Cost Sharing Obligations/Assistance - Individual: Medicaid co-pay information	<ul style="list-style-type: none"> Consumer co-payment obligations* Contact information for consumer to receive more information on co-payments* 	D.1.b
Change Reporting ^		G.17.a
Obligation to Report Changes – Individual: Medicaid/CHIP	<ul style="list-style-type: none"> Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status)* Instructions for reporting changes* 	D.3.a
Renewal ^		G.19
Annual Renewal - Individual: Medicaid/CHIP	<ul style="list-style-type: none"> Notification of required renewal of Medicaid eligibility on annual basis. Expectation for additional information at renewal time. 	D.5.a

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Notice Segment	Content Description	Key Message Code
Basis for Eligibility Determination and Other Programs (Approval) ^		G.21
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> • Possible eligibility for other public benefits. • Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility Determination - Basis for Eligibility for Medicaid		G.23
Basis for Medicaid Eligibility - Individual: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.a
Individual: Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> • Ineligibility for APTC due to minimum essential coverage* 	B.1.g
Opportunity for More Health Services ^		G.24
Alternative Benefit Plan (ABP) AFDC Exemption ^		G.25
Opportunity to be exempt from mandatory enrollment in ABP due to 1931 eligibility	<ul style="list-style-type: none"> • Opportunity for exemption from mandatory enrollment in ABP due to eligibility as parent/caretaker under 1931 (if applicable)* 	B.14
Non-MAGI/ABP Exemptions ^		G.26
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits.* • Instructions for pursuing non-MAGI determination.* • Opportunity for exemption from mandatory enrollment in ABP (if applicable).* 	B.13.a
Past Medical Bills ^		G.29
Assistance with Past Medical Bills	<ul style="list-style-type: none"> • Financial assistance for three months retroactive coverage. • Contact information for consumer to receive more information about retroactive coverage. 	B.17

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Notice Segment	Content Description	Key Message Code
Legal Authority (multiple citations)	<ul style="list-style-type: none"> • Citation to or identification of specific regulations supporting action* 	F.11
Appeals ^		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> • Consumer right to appeal and reasons consumer may want to pursue an appeal* • Consumer right to an expedited appeal* 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> • Instructions to ask for an appeal and access additional information about appeals* • Appeal deadline* • Circumstances under which enrollment may continue pending appeal* • Timeframe of final agency action* 	E.1.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

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2. Adult Eligible for Medicaid

Design Scenario: Individual submits the single streamlined application to the Federally Facilitated Marketplace (FFM). Individual is assessed eligible for Medicaid. FFM transfers application to the State Medicaid Agency. The agency determines the individual eligible for Medicaid under the adult group. State has different Alternative Benefit Plan (ABP) benefit packages. State utilizes Medicaid managed care and imposes co-pays for services.

Application Entryway	Federally Facilitated Marketplace-Assessment model
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency

Model Content

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> ▪ Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> • Statement indicating availability of language services* • Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> • Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> • Consumer assistance contact information* 	F.15
Date of Application	<ul style="list-style-type: none"> • Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> • Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> • Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> • Applicant contact information 	F.2
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> • Information about secure user account 	F.5
Notice Rationale ^		G.1.a
Eligibility Determination – Individual: Eligible for Medicaid	<ul style="list-style-type: none"> • Decision on application* 	B.1.a
Coverage Effective Date – Individual/All Family Members: Medicaid	<ul style="list-style-type: none"> • Coverage effective date (application date/first day of the month of application)* 	B.11.a

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Notice Segment	Content Description	Key Message Code
Received from Marketplace	<ul style="list-style-type: none"> • Explanation that the single streamlined application was transferred from the Marketplace* 	B.12.a
Individual: Assessed Eligible for Medicaid; Determined Eligible for Medicaid	<ul style="list-style-type: none"> • Decision on application* 	B.10.a
Individual: Benefit Card and Plan Selection Information and Instructions (Medicaid) ^		G.12.a
Benefits – Individual: Medicaid Benefit Card	<ul style="list-style-type: none"> • Notification that consumer will receive Medicaid benefit card and may use it immediately to access benefits ▪ Instructions for card usage. 	D.6.e
Plan Selection/Enrollment – Individual: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> • Instructions for plan selection • <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim. 	D.2.a
Services and Cost Sharing Information and Instructions (Medicaid/CHIP) ^		G.14
Benefits - Individual: Medicaid benefits	<ul style="list-style-type: none"> • Services that benefit plan covers* • Population specific benefit language, e.g., EPSDT* • Contact information for consumer to receive more information about benefit plan package* 	D.6.a
Cost Sharing Obligations/Assistance -Individual: Medicaid premium information	<ul style="list-style-type: none"> • Consumer premium obligations* • Contact information for consumer to receive more information on premiums* 	D.1.a
Cost Sharing Obligations/Assistance - Individual: Medicaid co-pay information	<ul style="list-style-type: none"> • Consumer co-payment obligations* • Contact information for consumer to receive more information on co-payments* 	D.1.b
Change Reporting ^		G.17.a

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Notice Segment	Content Description	Key Message Code
Obligation to Report Changes – Individual: Medicaid/CHIP	<ul style="list-style-type: none"> • Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status)* • Instructions for reporting changes* 	D.3.a
Renewal ^		G.19
Annual Renewal - Individual: Medicaid/CHIP	<ul style="list-style-type: none"> • Notification of required renewal of Medicaid eligibility on annual basis. • Expectation for additional information at renewal time. 	D.5.a
Basis for Eligibility Determination and Other Programs (Approval) ^		G.21
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> • Possible eligibility for other public benefits. • Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility Determination - Basis for Eligibility for Medicaid ^		G.23
Basis for Medicaid Eligibility - Individual: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.a
Individual: Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> • Ineligibility for APTC due to minimum essential coverage* 	B.1.g
Opportunity for More Health Services ^		G.24
Alternative Benefit Plan (ABP) AFDC Exemption ^		G.25
Opportunity to be exempt from mandatory enrollment in ABP due to 1931 eligibility	<ul style="list-style-type: none"> • Opportunity for exemption from mandatory enrollment in ABP due to eligibility as parent/caretaker under 1931 (if applicable)* 	B.14
Non-MAGI/ABP Exemptions ^		G.26

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Notice Segment	Content Description	Key Message Code
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits.* • Instructions for pursuing non-MAGI determination.* • Opportunity for exemption from mandatory enrollment in ABP (if applicable).* 	B.13.a
Past Medical Bills ^		G.29
Assistance with Past Medical Bills	<ul style="list-style-type: none"> • Financial assistance for three months retroactive coverage. • Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> • Citation to or identification of specific regulations supporting action.* 	F.11
Appeals ^		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> • Consumer right to appeal and reasons consumer may want to pursue an appeal* • Consumer right to an expedited appeal* 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> • Instructions to ask for an appeal and access additional information about appeals* • Appeal deadline* • Circumstances under which enrollment may continue pending appeal* • Timeframe of final agency action* 	E.1.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

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3. Adult Eligible for Medicaid	
Design Scenario: Individual submits the single streamlined application to the FFM. Individual is assessed ineligible for Medicaid but requests full Medicaid determination. FFM transfers application to the State Medicaid Agency. The agency determines the individual eligible for Medicaid under the adult group. State has different Alternative Benefit Plan (ABP) benefit packages. State utilizes Medicaid managed care and imposes co-pays for services.	
Application Entryway	Federally Facilitated Marketplace-Assessment model
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency
Model Content	

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.15
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Notice Rationale ^		G.1.a
Eligibility Determination – Individual: Eligible for Medicaid	<ul style="list-style-type: none"> Decision on application* 	B.1.a
Coverage Effective Date – Individual/All Family Members: Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application).* 	B.11.a

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Notice Segment	Content Description	Key Message Code
Received from Marketplace	<ul style="list-style-type: none"> • Explanation that the single streamlined application was transferred from the Marketplace* 	B.12.a
Individual: Assessed Ineligible for Medicaid; Determined Eligible for Medicaid	<ul style="list-style-type: none"> • Decision on application * 	B.10.d
Instructions for Cancellation of Marketplace health coverage ^		G.35
Cancel Marketplace health coverage	<ul style="list-style-type: none"> • Coordinated content on potential impact of a Medicaid or CHIP determination on eligibility for another insurance affordability program* • Instructions on how to cancel Marketplace health coverage 	B.5.i
Individual: Benefit Card and Plan Selection Information and Instructions (Medicaid when transferred from Marketplace) ^		G.12.b
Benefits – Individual: Medicaid Benefit Card	<ul style="list-style-type: none"> • Notification that consumer will receive Medicaid benefit card and may use it immediately to access benefits • Instructions for card usage 	D.6.e
Plan Selection/Enrollment – Individual: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> • Instructions for plan selection • <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim 	D.2.a
Services and Cost Sharing Information and Instructions (Medicaid/CHIP) ^		G.14
Benefits - Individual: Medicaid benefits	<ul style="list-style-type: none"> • Services that benefit plan covers* • Population specific benefit language, e.g., EPSDT* • Contact information for consumer to receive more information about benefit plan package* 	D.6.a
Cost Sharing Obligations/Assistance -Individual: Medicaid premium information	<ul style="list-style-type: none"> • Consumer premium obligations* • Contact information for consumer to receive more information on premiums* 	D.1.a

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Notice Segment	Content Description	Key Message Code
Cost Sharing Obligations/Assistance - Individual: Medicaid co-pay information	<ul style="list-style-type: none"> • Consumer co-payment obligations* • Contact information for consumer to receive more information on co-payments* 	D.1.b
Change Reporting ^		G.17.a
Obligation to Report Changes – Individual: Medicaid/CHIP	<ul style="list-style-type: none"> • Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status)* • Instructions for reporting changes* 	D.3.a
Renewal ^		G.19
Annual Renewal - Individual: Medicaid/CHIP	<ul style="list-style-type: none"> • Notification of required renewal of Medicaid eligibility on annual basis. • Expectation for additional information at renewal time. 	D.5.a
Basis for Eligibility Determination and Other Programs (Approval) ^		G.21
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> • Possible eligibility for other public benefits. • Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility Determination - Basis for Eligibility for Medicaid ^		G.23
Basis for Medicaid Eligibility - Individual: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.a
APTC ineligibility (when individual assessed Medicaid ineligible by Marketplace and requests Medicaid review)	<ul style="list-style-type: none"> • Notice of APTC/CSR ineligibility due to Medicaid eligibility determination 	B.5.h
Opportunity for More Health Services ^		G.24
Alternative Benefit Plan (ABP) AFDC Exemption ^		G.25

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Notice Segment	Content Description	Key Message Code
Opportunity to be exempt from mandatory enrollment in ABP due to 1931 eligibility	<ul style="list-style-type: none"> • Opportunity for exemption from mandatory enrollment in ABP due to eligibility as parent/caretaker under 1931 (if applicable)* 	B.14
Non-MAGI/ABP Exemptions ^		G.26
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits.* • Instructions for pursuing non-MAGI determination.* • Opportunity for exemption from mandatory enrollment in ABP (if applicable)* 	B.13.a
Past Medical Bills ^		G.29
Assistance with Past Medical Bills	<ul style="list-style-type: none"> • Financial assistance for three months retroactive coverage. • Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> • Citation to or identification of specific regulations supporting action* 	F.11
Appeals ^		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> • Consumer right to appeal and reasons consumer may want to pursue an appeal* • Consumer right to an expedited appeal* 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> • Instructions to ask for an appeal and access additional information about appeals* • Appeal deadline* • Circumstances under which enrollment may continue pending appeal* • Timeframe of final agency action* 	E.1.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

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4. Adult Eligible for Medicaid		
Design Scenario: Individual submits the single streamlined application to the State Medicaid Agency. Individual appears eligible for Medicaid but there is an inconsistency based on income. The agency requests additional information to complete the eligibility determination.		
Application Entryway	State Medicaid Agency	
Application Modality	Online	
Household Composition	Individual	
Triggering Event	Eligibility Determination for Medicaid	
Communication Modality	Online/Paper	
Issuing Agency	State Medicaid Agency	
Model Content		
Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.15
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Notice Rationale ^		G.1.a
Request for Additional Information – Inconsistent information and not reasonably compatible: Income	<ul style="list-style-type: none"> Explanation that income information is inconsistent with records 	A.1.a
Additional Documentation Information: Income ^	<ul style="list-style-type: none"> Notification that consumer has set number of days to submit documentation in order to be considered for Medicaid eligibility* 	G.5

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Notice Segment	Content Description	Key Message Code
Resolve Inconsistency through Documentation and Types of Acceptable Documents: Income	<ul style="list-style-type: none"> ● Requirement that consumer must provide acceptable documentation in order to resolve inconsistency* ● List of sample documentation ● Contact information for consumer to receive information about exemptions from submitting additional documentation and special circumstances under which an individual may be exempt. 	A.2.a
How to Send Documentation ^		G.7
Medicaid	<ul style="list-style-type: none"> ● Instructions for submitting documentation.* 	A.3.a
Reminder to resolve income inconsistency before expiration of “reasonable period” (Medicaid/CHIP)	<ul style="list-style-type: none"> ● Notification that eligibility determination cannot be made until additional information is provided. 	A.4
Signature	<ul style="list-style-type: none"> ● Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ● Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ● Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
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5. Adult Eligible for Medicaid	
Design Scenario: Individual submits the single streamlined application to the State Medicaid Agency. Individual appears eligible for Medicaid, but there is an inconsistency based on citizenship/immigration status. The agency requests additional information. Meanwhile, the individual is determined eligible for Medicaid during the reasonable opportunity period.	
Application Entryway	State Medicaid Agency
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency
Model Content	

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.15
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Notice Rationale ^		G.1.a
Summary of Temporary Medicaid Eligibility and Request for Additional Information	<ul style="list-style-type: none"> Decision on application* 	B.1.f
Temporary Eligibility for Medicaid	<ul style="list-style-type: none"> Coverage during reasonable opportunity period* 	G.2.b
Temporarily eligible for Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application)* 	B.11.c

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Benefits – Individual: Medicaid Benefit Card	<ul style="list-style-type: none"> Notification that consumer will receive Medicaid benefit card and may use it immediately to access benefits Instructions for card usage 	D.6.e
Benefits - Individual: Medicaid benefits	<ul style="list-style-type: none"> Services that benefit plan covers* Population specific benefit language, e.g., EPSDT* Contact information for consumer to receive more information about benefit plan package* 	D.6.a
Cost Sharing Obligations/Assistance -Individual: Medicaid premium information	<ul style="list-style-type: none"> Consumer premium obligations* Contact information for consumer to receive more information on premiums* 	D.1.a
Cost Sharing Obligations/Assistance - Individual: Temporary Medicaid Eligibility, Medicaid co-pay information	<ul style="list-style-type: none"> Consumer co-payment obligations* Contact information for consumer to receive more information on co-payments* 	D.1.c
Additional Documentation Information: Citizenship ^	<ul style="list-style-type: none"> Notification that eligibility determination cannot be made and temporary coverage will be terminated if documentation is not submitted by coverage end date. 	G.6
Request for Additional Information – Inconsistent information and not reasonably compatible: Citizenship	<ul style="list-style-type: none"> Explanation that citizenship information is inconsistent with records. 	A.1.b
Reminder to send documentation; otherwise, coverage will end.	<ul style="list-style-type: none"> Notification that consumer has set number of days to submit documentation in order to be considered for Medicaid eligibility* 	A.6
Resolve Inconsistency through Documentation and Types of Acceptable Documents: Citizenship	<ul style="list-style-type: none"> Requirement that consumer must provide acceptable documentation in order to resolve inconsistency* List of sample documentation Contact information for consumer to receive information about exemptions from submitting additional documentation and special circumstances under which an individual may be exempt. 	A.2.b
How to Send Documentation ^		G.7
Medicaid	<ul style="list-style-type: none"> Instructions for submitting documentation* 	A.3.a

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Reminder of Temporary Eligibility for Medicaid ^		G.8
Basis for Medicaid Eligibility - Individual: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.a
Basis for Eligibility Determination and Other Programs (Approval) ^		G.21
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> • Possible eligibility for other public benefits. • Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility Determination - Basis for Eligibility for Medicaid ^		G.23
Basis for eligibility determination for Medicaid – eligible during reasonable opportunity period to resolve citizenship/immigration status	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.c
Individual: Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> • Ineligibility for APTC due to minimum essential coverage* 	B.1.g
Non-MAGI/ABP Exemptions ^		G.26
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits* • Instructions for pursuing non-MAGI determination* • Opportunity for exemption from mandatory enrollment in ABP (if applicable)* 	B.13.a
Past Medical Bills ^		G.29
Assistance with Past Medical Bills	<ul style="list-style-type: none"> • Financial assistance for three months retroactive coverage • Contact information for consumer to receive more information about retroactive coverage 	B.17

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Legal Authority (multiple citations)	<ul style="list-style-type: none"> ● Citation to or identification of specific regulations supporting action* 	F.11
Signature	<ul style="list-style-type: none"> ● Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ● Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ● Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

6. Adult Eligible for APTC and Ineligible for Medicaid

Design Scenario: Individual submits the single streamlined application to the State Medicaid Agency. Individual is determined ineligible for Medicaid.

Application Entryway	State Medicaid Agency
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency

Model Content

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Notice Rationale ^		G.1
Eligibility Determination - Ineligible for Medicaid	<ul style="list-style-type: none"> Decision on application* 	B.1.e
Transfer to Marketplace for QHP/APTC/CSR determination	<ul style="list-style-type: none"> Transfer of application to Marketplace for APTC/CSR/QHP determination* 	B.12.d
Marketplace Definition ^		G.33
Marketplace Definition	<ul style="list-style-type: none"> Explanation about the Health Insurance Marketplace 	F.28

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Basis for Eligibility Determination and Other Programs (Denial/Limited Coverage) ^		G.22.b
Individual/All Family Members: Basis for eligibility determination for Medicaid (denial)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.e
Legal Authority (multiple citations)	<ul style="list-style-type: none"> • Citation to or identification of specific regulations supporting action.* 	F.11
Instructions for Completing Marketplace application ^		G.35
Instructions for completing Marketplace application	<ul style="list-style-type: none"> • Instructions for completing Marketplace application • Explanation of open and special enrollment periods 	B.12.h
Non-MAGI/ABP Exemptions ^		G.26
Opportunity to be screened for non-MAGI (denial for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits.* • Instructions for pursuing non-MAGI determination.* • Opportunity for exemption from mandatory enrollment in ABP (if applicable).* 	B.13.b
Appeals		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> • Consumer right to appeal and reasons consumer may want to pursue an appeal* • Consumer right to an expedited appeal* 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> • Instructions to ask for an appeal and access additional information about appeals* • Appeal deadline* • Circumstances under which enrollment may continue pending appeal* • Timeframe of final agency action* 	E.1.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

7. Adult Eligible for APTC and Ineligible for Medicaid	
Design Scenario: Individual submits the single streamlined application to the FFM. Individual is assessed ineligible for Medicaid and determined eligible for advance premium tax credits (APTC). Individual requests full Medicaid determination. FFM transfers application to the State Medicaid Agency. The agency determines individual ineligible for Medicaid.	
Application Entryway	Federally Facilitated Marketplace Assessment model
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency
Model Content	

Notice Segment	Description of Content	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Notice Rationale ^		G.1
Received from Marketplace	<ul style="list-style-type: none"> Explanation that the single streamlined application was transferred from the Marketplace* 	B.12.a
Individual: Assessed Ineligible for Medicaid; Determined Ineligible for Medicaid	<ul style="list-style-type: none"> Decision on application* 	B.10.j

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Description of Content	Key Message Code
Transfer to State Medicaid Agency from Marketplace; Applicant Eligible for APTC/CSR	<ul style="list-style-type: none"> • Transfer of application to State Medicaid Agency; determined APTC/CSR eligible, assessed Medicaid ineligible and asked for review of Medicaid eligibility; SMA determined ineligible for Medicaid* 	B.12.g
Basis for Eligibility Determination and Other Programs (Denial/Limited Coverage – Medicaid with Marketplace information) ^		G.22.b
Individual/All Family Members: Basis for eligibility determination for Medicaid (denial)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.e
Legal Authority (multiple citations)	<ul style="list-style-type: none"> • Citation to or identification of specific regulations supporting action* 	F.11
Non-MAGI/ABP Exemptions		G.26
Opportunity to be screened for non-MAGI (denial for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits.* • Instructions for pursuing non-MAGI determination.* • Opportunity for exemption from mandatory enrollment in ABP (if applicable).* 	B.13.b
Appeals ^		G.32
Right to appeal/fair hearing	<ul style="list-style-type: none"> • Consumer right to appeal and reasons consumer may want to pursue an appeal* • Consumer right to an expedited appeal* 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> • Instructions to ask for an appeal and access additional information about appeals* • Appeal deadline* • Circumstances under which enrollment may continue pending appeal* • Timeframe of final agency action* 	E.1.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

8. Mixed Family: Adults Eligible for APTC and Children Eligible for Medicaid

Design Scenario: Individual submits the single streamlined application to the State Medicaid Agency. Children are determined eligible for Medicaid. Adults are determined ineligible for Medicaid. The agency issues notice that children are eligible for Medicaid and adults are being transferred to the Marketplace for APTC eligibility determination.

Application Entryway	State Medicaid Agency
Application Modality	Online
Household Composition	Mixed Coverage Family
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency

Model Content

Notice Segment	Description of Content	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Summary Sheet: Application Date Record ^		G.9
Summary of Coverage (Mixed Coverage Family Notices)	<ul style="list-style-type: none"> Record of application date and persons for whom individual applied 	F.18
Summary Sheet: Eligibility Determination (Approval) ^		G.10
Summary of Coverage (Mixed Coverage Family Notices): Persons Eligible for Medicaid	<ul style="list-style-type: none"> Decision on application. Notification that eligibility information and cost sharing obligations are enclosed 	F.19

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Description of Content	Key Message Code
Individual Eligibility Determination – Denial/Limited Coverage ^		G.2.c
Summary of Coverage (Mixed Coverage Family Notices): Persons determined Ineligible for Medicaid and Potentially Eligible for Tax Credits	<ul style="list-style-type: none"> Notification that consumer appears eligible for APTC/CSR and will be hearing from the Marketplace Additional information is enclosed 	F.20
Marketplace Definition ^		G.33
Marketplace Definition	<ul style="list-style-type: none"> Explanation about the Health Insurance Marketplace 	F.28
Instructions for Completing Marketplace application ^		G.35
Instructions for completing Marketplace application	<ul style="list-style-type: none"> Instructions for completing Marketplace application Explanation of open and special enrollment periods 	B.12.h
Reason for Notice ^		G.1
Mixed Coverage Family: Eligible for Medicaid	<ul style="list-style-type: none"> Decision on application* 	B.1.c
Coverage Effective Date – Mixed Coverage Family: Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application)* 	B.11.b
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Services and Cost Sharing Information and Instructions (Medicaid/CHIP) ^		G.14
Benefits – Mixed Coverage Family: Medicaid Benefit Card	<ul style="list-style-type: none"> Notification that consumers will receive Medicaid benefit card and may use it immediately to access benefits Instructions for card usage 	D.6.g
Plan Selection/Enrollment –Mixed Coverage Family: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> Instructions for plan selection <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim 	D.2.c

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Description of Content	Key Message Code
Services and Cost Sharing Information and Instructions (Medicaid/CHIP) ^		G.14
Mixed Coverage Family: Medicaid	<ul style="list-style-type: none"> • Services that benefit plan covers* • Population specific benefit language, e.g., EPSDT* • Contact information for consumers to receive more information about benefit plan package* 	D.6.c
Mixed Coverage Family: Medicaid premium and co-payment information for members of the household who are eligible for Medicaid (no premiums or co-payments)	<ul style="list-style-type: none"> • Consumer premium obligations* • Consumer co-payment obligations* • Contact information for consumer to receive more information on premiums and co-payments* 	D.1.d
Mixed Coverage Family: Medicaid cost-sharing payment and benefits instructions for members of the household (no premiums or co-payments)	<ul style="list-style-type: none"> • Consumer cost-sharing payment and benefits instructions 	D.1.g
Change Reporting ^		G.17.a
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> • Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status)* ▪ Instructions for reporting changes* 	D.3.a
Renewal (Mixed Coverage Family) ^		G.20
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> • Notification of required renewal of Medicaid eligibility on annual basis • Expectation for additional information at renewal time 	D.5.b
Basis for Eligibility Determination and Other Programs (Approval) ^		G.21
Mixed Family: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> • Possible eligibility for other public benefits • Contact information for consumer to receive additional information about eligibility for other public benefits 	F.13

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Description of Content	Key Message Code
Basis for Eligibility for Medicaid (Mixed Coverage Family) ^		G.23.b
Mixed Coverage Family: Basis for children's eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.b
Mixed Coverage Family: Children Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> • Ineligibility for APTC due to minimum essential coverage* 	B.1.i
Non-MAGI/ABP Exemptions (Mixed Coverage Family) ^		G.27
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits* • Instructions for pursuing non-MAGI determination* • Opportunity for exemption from mandatory enrollment in ABP (if applicable)* 	B.13.a
Past Medical Bills (Mixed Coverage Family) ^		G.30
Assistance with Past Medical Bills	<ul style="list-style-type: none"> • Financial assistance for three months retroactive coverage. • Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> • Citation to or identification of specific regulations supporting action.* 	F.11
Appeals ^		G.32
Right to appeal/fair hearing	<ul style="list-style-type: none"> • Consumer right to appeal and reasons consumer may want to pursue an appeal* • Consumer right to an expedited appeal* 	E.1.a
Instructions for how to appeal	<ul style="list-style-type: none"> • Instructions to ask for an appeal and access additional information about appeals* • Appeal deadline* • Circumstances under which enrollment may continue pending appeal* • Timeframe of final agency action* 	E.1.b

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Description of Content	Key Message Code
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

9. Mixed Family: Adults Eligible for APTC and Children Eligible for Medicaid

Design Scenario: Individual submits the single streamlined application to the FFM. Children are assessed eligible for Medicaid. Adults are determined eligible for APTC and assessed ineligible for Medicaid. FFM transfers application to the State Medicaid Agency. Children are determined eligible for Medicaid. State utilizes Medicaid managed care.

Application Entryway	Federally Facilitated Marketplace – Assessment model
Application Modality	Online
Household Composition	Mixed Coverage Family
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency
Model Content	

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Summary Sheet: Application Date Record ^		G.9
Summary of Coverage (Mixed Coverage Family Notices): Received Application from Marketplace	<ul style="list-style-type: none"> Application was received from Marketplace 	F.22
Summary Sheet: Eligibility Determination (Approval) ^		G.10

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Summary of Coverage (Mixed Coverage Family Notices): Persons Assessed Eligible for Medicaid, Determined Eligible for Medicaid	<ul style="list-style-type: none"> Application was received from Marketplace where consumer(s) assessed eligible for Medicaid. 	F.23
Individual Eligibility Determination – Denial/Limited Coverage ^		G.2.c
Summary of Coverage (Mixed Coverage Family Notices): Persons Determined Ineligible for Medicaid and Determined Eligible for Tax Credits	<ul style="list-style-type: none"> Notification that consumer was determined eligible for APTC/CSR and will hear from the Marketplace soon 	F.21
Reason for Notice ^		G.1
Mixed Coverage Family: Eligible for Medicaid	<ul style="list-style-type: none"> Decision on application* 	B.1.c
Coverage Effective Date – Mixed Coverage Family: Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application)* 	B.11.b
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Mixed Coverage Family: Benefit Card and Plan Selection Information and Instructions (Medicaid) ^		G.13
Mixed Coverage Family: Medicaid Benefit Card	<ul style="list-style-type: none"> Notification that consumers will receive Medicaid benefit card and may use it immediately to access benefits Instructions for card usage. <i>State-specific Messaging:</i> Instructions for retaining Medicaid benefit card in fee-for-service states. 	D.6.g
Plan Selection/Enrollment –Mixed Coverage Family: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> Instructions for plan selection <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim. 	D.2.c
Services and Cost Sharing Information and Instructions (Medicaid/CHIP) ^		G.14

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Mixed Coverage Family: Medicaid	<ul style="list-style-type: none"> • Services that benefit plan covers* • Population specific benefit language, e.g., EPSDT* • Contact information for consumers to receive more information about benefit plan package* 	D.6.c
Mixed Coverage Family: Medicaid premium and co-payment information for members of the household who are eligible for Medicaid (no premiums or co-payments)	<ul style="list-style-type: none"> • Consumer premium obligations* • Consumer co-payment obligations* • Contact information for consumer to receive more information on premiums and co-payments* 	D.1.d
Mixed Coverage Family: Medicaid cost-sharing payment and benefits instructions for members of the household (no premiums or co-payments)	<ul style="list-style-type: none"> • Consumer cost-sharing payment and benefits instructions. 	D.1.g
Change Reporting ^		G.17.a
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> • Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status)* • Instructions for reporting changes* 	D.3.b
Renewal (Mixed Coverage Family) ^		G.20
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> • Notification of required renewal of Medicaid eligibility on annual basis. • Expectation for additional information at renewal time. 	D.5.b
Basis for Eligibility Determination and Other Programs (Approval) ^		G.21
Mixed Family: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> • Possible eligibility for other public benefits. • Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.13
Basis for Eligibility for Medicaid (Mixed Coverage Family) ^		G.23.b

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Mixed Coverage Family: Basis for children's eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.b
Mixed Coverage Family: Children Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> • Ineligibility for APTC due to minimum essential coverage* 	B.1.i
Non-MAGI/ABP Exemptions (Mixed Coverage Family) ^		G.27
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits.* • Instructions for pursuing non-MAGI determination.* • Opportunity for exemption from mandatory enrollment in ABP (if applicable)* 	B.13.a
Past Medical Bills (Mixed Coverage Family) ^		G.30
Assistance with Past Medical Bills	<ul style="list-style-type: none"> • Financial assistance for three months retroactive coverage. • Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (single citation)	<ul style="list-style-type: none"> • Citation to or identification of specific regulation supporting action* 	F.10
Appeals ^		G.32
Right to appeal/fair hearing	<ul style="list-style-type: none"> • Consumer right to appeal and reasons consumer may want to pursue an appeal* • Consumer right to an expedited appeal* 	E.1.a
Instructions for how to appeal	<ul style="list-style-type: none"> • Instructions to ask for an appeal and access additional information about appeals* • Appeal deadline* • Circumstances under which enrollment may continue pending appeal* • Timeframe of final agency action* 	E.1.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

10. Mixed Family: Adults Eligible for APTC and Children Eligible for CHIP

Design Scenario: Individual submits the single streamlined application to the State CHIP Agency. Children are determined eligible for CHIP and adults appear eligible for APTC. State operates CHIP as a separate program from Medicaid and the CHIP agency does not have authority to make Medicaid determinations. State Medicaid children’s benefit package is more comprehensive than CHIP benefit package. State imposes premiums and co-pays for CHIP services. The agency transfers application to the Marketplace for premium tax credit/cost-sharing reductions eligibility determination. Adults are eligible for premium tax credit/cost-sharing reductions.

Application Entryway	State CHIP Agency
Application Modality	Online
Household Composition	Mixed Coverage Family
Triggering Event	Eligibility Determination for CHIP
Communication Modality	Online/Paper
Issuing Agency	State CHIP Agency

Model Content

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Summary Sheet: Application Date Record ^		G.9
Summary of Coverage (Mixed Coverage Family Notices)	<ul style="list-style-type: none"> Record of application date and persons for whom individual applied. 	F.18
Summary Sheet: Eligibility Determination (Approval) ^		G.10

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Summary of Coverage (Mixed Coverage Family Notices): Persons Eligible for CHIP	<ul style="list-style-type: none"> Decision on application Notification that eligibility information and cost sharing obligations are enclosed 	F.24
Individual Eligibility Determination – Denial/Limited Coverage ^		G.2.c
Summary of Coverage (Mixed Coverage Family Notices): Persons determined Ineligible for Medicaid and Potentially Eligible for Tax Credits	<ul style="list-style-type: none"> Coordinated content on status of household members whose eligibility is not yet determined* Coordinated content on transfer to the Marketplace* 	F.20
Marketplace Definition ^		G.33
Marketplace Definition	<ul style="list-style-type: none"> Explanation about the Health Insurance Marketplace 	F.28
Instructions for Completing Marketplace application ^		G.35
Instructions for completing Marketplace application	<ul style="list-style-type: none"> Instructions for completing Marketplace application Explanation of open and special enrollment periods 	B.12.h
Reason for Notice ^		G.1
Mixed Coverage Family: Eligible for CHIP	<ul style="list-style-type: none"> Decision on application* 	B.3.b
Coverage Effective Date – Mixed Coverage Family: CHIP	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application) pending payment of first premium* 	B.11.e
Premium Payment (CHIP) ^		G.15
Multiple Children Eligible for CHIP: CHIP premium information	<ul style="list-style-type: none"> Consumer premium and enrollment fee obligations* Contact information for consumer to receive more information on premium and enrollment fees* 	D.1.j
Individual: CHIP premium payment instructions	<ul style="list-style-type: none"> Consumer premium payment instructions. 	D.1.n
Plan Enrollment Instructions (CHIP) ^		G.16
Plan Selection/Enrollment – Mixed Coverage Family: Instructions for enrollment in CHIP MCO	<ul style="list-style-type: none"> Instructions for plan selection <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned 	D.2.g

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Services and Cost Sharing Information and Instructions (Medicaid/CHIP) ^		G.14
Mixed Coverage Family: CHIP	<ul style="list-style-type: none"> • Services that benefit plan covers* • Contact information for consumer to receive more information about benefit plan package* 	D.6.j
Mixed Coverage Family: CHIP co-pay information	<ul style="list-style-type: none"> • Consumer co-payment obligations* • Contact information for consumer to receive more information on co-payments* 	D.1.m
Mixed Coverage Family: CHIP premium information	<ul style="list-style-type: none"> • Consumer premium and enrollment fee obligations* • Contact information for consumer to receive more information on premium and enrollment fees* 	D.1.k
Mixed Coverage Family: CHIP cost-sharing payment instructions	<ul style="list-style-type: none"> • Consumer cost-sharing payment instructions. 	D.1.o
Change Reporting ^		G.17.b
CHIP	<ul style="list-style-type: none"> • Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status). • Instructions for reporting changes. 	D.3.d
Renewal (Mixed Coverage Family) ^		G.20
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> • Notification of required renewal of Medicaid eligibility on annual basis. • Expectation for additional information at renewal time. 	D.5.b
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> • Information about secure user account 	F.5
Basis for Eligibility Determination and Other Programs (Approval) ^		G.21
Mixed Family: Other Benefit Programs – CHIP	<ul style="list-style-type: none"> • Possible eligibility for other public benefits. • Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.15
Basis for Eligibility for CHIP (Mixed Coverage Family) ^		G.23.f

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Mixed Coverage Family: Basis for eligibility determination for CHIP (approval)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.4.c
Mixed Coverage Family: Children Eligible for CHIP; Ineligible for APTC/CSR	<ul style="list-style-type: none"> • Ineligibility for APTC due to minimum essential coverage* 	B.3.h
Basis for Ineligible for Medicaid (Mixed Coverage Family) ^		G.23.i
CHIP Eligible Children in Separate CHIP State: Basis for Screened Ineligible for Medicaid	<ul style="list-style-type: none"> • Screening for Medicaid* 	B.2.j
Non-MAGI/ABP Exemptions (Mixed Coverage Family) ^		G.27
Opportunity to be screened for non-MAGI (CHIP)	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. Instructions for pursuing non-MAGI determination.* 	B.13.c
Legal Authority (multiple citations)	<ul style="list-style-type: none"> • Citation to or identification of specific regulations supporting action.* 	F.11
Appeals ^		G.32
Right to review	<ul style="list-style-type: none"> • Consumer right to review* • Consumer right to an expedited review* 	E.2.a
Instructions for how to ask for a review - CHIP	<ul style="list-style-type: none"> • Instructions to ask for review and access additional information about reviews.* 	E.2.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

11. Multi-Person Family: Adults and Children Eligible for Medicaid

Design Scenario: Individual submits the single streamlined application to the State Medicaid Agency. Children and adult are determined eligible for Medicaid. State utilizes Medicaid managed care model and imposes co-pays for adults.

Application Entryway	State Medicaid Agency
Application Modality	Online
Household Composition	Multi-Person Family
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency
Model Content	

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Reason for Notice ^		
All Family Members: Eligible for Medicaid	<ul style="list-style-type: none"> Decision on application* 	B.1.b
Coverage Effective Date – Individual/ All Family Members: Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application)* 	B.11.a

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Individual: Benefit Card and Plan Selection Information and Instructions (Medicaid) ^		G.12
All Family Members: Medicaid Benefit Card	<ul style="list-style-type: none"> Notification that consumers will receive Medicaid benefit card and may use it immediately to access benefits Instructions for card usage. 	D.6.f
Plan Selection/Enrollment – All Family Members: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> Instructions for plan selection <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim. 	D.2.b
Services and Cost Sharing Information and Instructions (Medicaid/CHIP) ^		G.14
All Family Members: Medicaid	<ul style="list-style-type: none"> Services that benefit plan covers.* Population specific benefit language, e.g., EPSDT.* Contact information for consumers to receive more information about benefit plan package.* 	D.6.b
All Family Members: Medicaid premium and co-payment information	<ul style="list-style-type: none"> Consumer premium obligations.* Consumer co-payment obligations.* Contact information for consumer to receive more information on premiums and co-payments.* 	D.1.h
All Family Members: Medicaid cost-sharing payment and benefits instructions	<ul style="list-style-type: none"> Consumer cost-sharing payment and benefits instructions. 	D.1.f
Change Reporting ^		G.17.b
All Family Members: Medicaid/CHIP	<ul style="list-style-type: none"> Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status).* Instructions for reporting changes.* 	D.3.c
Renewal ^		

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> Notification of required renewal of Medicaid eligibility on annual basis. Expectation for additional information at renewal time. 	G.19
Basis for Eligibility Determination and Other Programs (Approval) ^		G.21
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> Possible eligibility for other public benefits. Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility for Medicaid (All Family Members) ^		G.23.c
All Family Members: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> Basis of eligibility determination* 	B.2.h
All Family Members: Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> Ineligibility for APTC due to minimum essential coverage* 	B.1.h
Non-MAGI/ABP Exemptions (All Family Members) ^		G.28
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits.* Instructions for pursuing non-MAGI determination.* Opportunity for exemption from mandatory enrollment in ABP (if applicable).* 	B.13.a
Past Medical Bills (All Family Members) ^		G.31
Assistance with Past Medical Bills	<ul style="list-style-type: none"> Financial assistance for three months retroactive coverage. Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> Citation to or identification of specific regulations supporting action* 	F.11
Appeal/Review ^		G.32

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> ● Consumer right to appeal and reasons consumer may want to pursue an appeal* ● Consumer right to an expedited appeal* 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> ● Instructions to ask for an appeal and access additional information about appeals* ● Appeal deadline* ● Circumstances under which enrollment may continue pending appeal* ● Timeframe of final agency action* 	E.1.b
Signature	<ul style="list-style-type: none"> ● Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ● Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ● Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

12. Child Ineligible for CHIP, Screened Eligible for Medicaid, Eligible for APTC

Design Scenario: Individual submits the single streamlined application to the State CHIP Agency. Child is determined ineligible for CHIP and screened ineligible for Medicaid. The agency transfers application to the FFM for APTC eligibility determination. State operates CHIP as a separate program from Medicaid and the CHIP agency does not have authority to make Medicaid determinations.

Application Entryway	State CHIP Agency
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for CHIP
Communication Modality	Online/Paper
Issuing Agency	State CHIP Agency

Model Content

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Reason for Notice ^		G.1
Individual: Ineligible for CHIP	<ul style="list-style-type: none"> Decision on application* 	B.3.c
Transfer to Marketplace for QHP/APTC/CSR determination (CHIP)	<ul style="list-style-type: none"> Transfer of application to Marketplace for APTC/CSR/QHP determination.* 	B.12.e
Basis for Eligibility Determination and Other Programs (Denial/Limited Coverage - CHIP) ^		G.22.c

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Individual/All Family Members Basis for eligibility determination for CHIP (denial)	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.4.b
Legal Authority (single citation)	<ul style="list-style-type: none"> • Citation to or identification of specific regulation supporting action* 	F.10
Marketplace Definition ^		G.33
Marketplace Definition	<ul style="list-style-type: none"> • Explanation about the Health Insurance Marketplace 	F.28
Instructions for Completing Marketplace application ^		G.35
Instructions for completing Marketplace application	<ul style="list-style-type: none"> • Instructions for completing Marketplace application • Explanation of open and special enrollment periods 	B.12.h
Basis for Ineligible for Medicaid ^		G.23.g
Individual: CHIP Eligible Children in Separate CHIP State: Basis for Screened Ineligible for Medicaid	<ul style="list-style-type: none"> • Screening for Medicaid* 	B.2.i
Non-MAGI/ABP Exemptions (Mixed Coverage Family) ^		G.27
Opportunity to be screened for non-MAGI (CHIP)	<ul style="list-style-type: none"> • Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. Instructions for pursuing non-MAGI determination* 	B.13.c
Appeal/Review ^		G.32
Right to review	<ul style="list-style-type: none"> • Consumer right to review* • Consumer right to an expedited review* 	E.2.a
Instructions for how to get a review - CHIP	<ul style="list-style-type: none"> • Instructions to ask for review and access additional information about reviews* 	E.2.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

13. Adult Eligible for APTC and Emergency Medicaid	
Design Scenario: Individual submits the single streamlined application to the State Medicaid Agency. Individual is determined ineligible for full scope Medicaid based on citizenship/immigration status. However, the individual is determined eligible for Emergency Medicaid and appears eligible APTC. The agency transfers the application to the FFM. The State imposes co-pays for Medicaid services.	
Application Entryway	State Medicaid Agency
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency
Model Content	

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services* Availability of ADA/504 compliant aids and language services* 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish* 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information* 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application* 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information ^		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Reason for Notice ^		G.1
Individual: Eligible for Emergency Medicaid	<ul style="list-style-type: none"> Decision on application* 	B.1.d
Coverage Effective Date – Individual/ All Family Members: Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application)* 	B.11.a

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Transfer to Marketplace for QHP/APTC/CSR determination (Emergency Medicaid)	<ul style="list-style-type: none"> • Transfer of application to Marketplace for APTC/CSR/QHP determination* 	B.12.f
Marketplace Definition ^		G.33
Marketplace Definition	<ul style="list-style-type: none"> • Explanation about the Health Insurance Marketplace 	F.28
Individual: Benefit Card and Plan Selection Information and Instructions (Medicaid) ^		G.12
Individual: Emergency Medicaid	<ul style="list-style-type: none"> • Services that benefit plan covers* 	D.6.d
Individual: Emergency Medicaid Benefit Card	<ul style="list-style-type: none"> • Notification that consumers will receive Medicaid benefit card and may use it immediately to access benefits • Instructions for card usage 	D.6.h
Instructions for Completing Marketplace application ^		G.35
Instructions for completing Marketplace application	<ul style="list-style-type: none"> • Instructions for completing Marketplace application • Explanation of open and special enrollment periods 	B.12.h
Basis for Eligibility Determination and Other Programs (Denial/Limited Coverage – Medicaid with Marketplace information) ^		G.22.b
Basis for eligibility determination for Emergency Medicaid	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.d
Individual: Basis for eligibility determination for 5 year bar	<ul style="list-style-type: none"> • Basis of eligibility determination* 	B.2.g
Legal Authority (multiple citations)	<ul style="list-style-type: none"> • Citation to or identification of specific regulations supporting action* 	F.11
Appeal/Review ^		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> • Consumer right to appeal and reasons consumer may want to pursue an appeal* • Consumer right to an expedited appeal* 	E.1.a

ELIGIBILITY-RELATED DETERMINATION NOTICES: 2017 REFRESH
Notices Content Templates

Notice Segment	Content Description	Key Message Code
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> • Instructions to ask for an appeal and access additional information about appeals* • Appeal deadline* • Circumstances under which enrollment may continue pending appeal* • Timeframe of final agency action* 	E.1.b
Signature	<ul style="list-style-type: none"> • Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> • Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> • Privacy/disclosure statement 	F.25