Expanding Coverage
Learning Collaborative

Effective Communication of Eligibility Determinations:
Model Eligibility Results Page for Online Applications

Part 1: Wednesday, August 24, 2016, 12:30 pm-2:00 pm ET

Part 2: Thursday, September 1, 2016, 12:00 pm-1:00 pm ET
Effective Communication of Eligibility Determinations: Model Eligibility Results Pages

- Setting the Stage
- Approach to the Project
- Model Eligibility Results Pages
- Consumer Testing
- Framework Tailored to Scenarios
- State Implementation Considerations
- Health Literacy Best Practices
- Next Steps
Setting the Stage
Consumer Communication Continues to Be Challenging

Notices must communicate important but complex information
- Basis of eligibility determination
- Next steps for consumers
- How consumers can use their coverage
- Legal rights and responsibilities

Consumers do not always understand their eligibility determination or the next steps they need to take (e.g., when and how to use their coverage, next steps to complete eligibility determination process, and/or next steps to enroll in a QHP)

Some consumers are not reading notices at all
Some States Have Not Been Able to Improve Their Notice Systems/Content as They Have Wanted

“We have done all this work to streamline the application process, but there is a large gap in communicating with the family after initial application.”

“We have struggled to figure out how to clearly communicate what programs consumers are eligible for, and timelines and processes for transitioning between Medicaid and Marketplace coverage.”

“It is confusing for consumers to get separate eligibility notices from the Marketplace and Medicaid/CHIP.”
Project Objective

Create a way to communicate to consumers key messages and quick takeaways on their health coverage eligibility and next steps.

Consumer completes online application with State Medicaid/CHIP agency

Eligibility Results Page Principles

✓ Provide a snapshot on program eligibility

✓ Highlight key next steps (e.g., submit additional information, complete additional verification, find a provider, enroll in a health plan, complete Marketplace application)

✓ Not intended to replace “full” eligibility notices required under federal law/regulations... but drives consumer to read the notice

To communicate effectively with consumers: refine messaging, develop new formats to present complex information, and create opportunities to reinforce key messages beyond legal notices.
Approach to the Project
Developing Model Eligibility Results Pages

Kick-off Meeting

Research & Interviews
Conduct interviews with states, IT vendor, FFM and consumer advocates to understand consumer communications challenges, lessons learned, extent eligibility results pages used, what should/could be included in models

Drafting & Product Development
Work with health literacy experts and CMS policy team to develop draft model eligibility page and key messages

Consumer Testing
Perform consumer testing to evaluate product readability and usability

Revision
Revise materials based on findings from consumer testing

Present Model Eligibility Results Pages to states and consumer advocates

Revision
Revise materials based on state and consumer advocate feedback

Meetings

March April May June July August September
Lessons Learned from HealthCare.gov

The Federally-facilitated Marketplace (FFM) provides consumers with on-screen eligibility results as a way to improve understanding and next steps

- Tested several design approaches with consumers over the last few years
- Implemented an improved eligibility results page, which includes summary of results displayed on screen for consumers, in Fall 2015 just ahead of Marketplace Open Enrollment
- Continue to focus on incremental improvements based on a foundation of consumer testing and feedback
Lessons Learned from HealthCare.gov

Highlight key steps to improve consumer comprehension

Step 1: View Your "Coverage Options at a Glance"
This section gives a quick snapshot of your eligibility. It's important to view your full "Eligibility Results" for more detailed information. Continue to Step 2.

Anna Carson
- May be eligible
  - For Children's Health Insurance Program (CHIP)
    - You'll get a final decision from your state CHIP agency.
  - For Marketplace health plans
  - For up to $653 in premium tax credits for your household

John Carson

Suzanne Carson

Step 2: View Your "Eligibility Results"
Your "Eligibility Results" contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines, and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to Step 3 to enroll in coverage after you review your results.

VIEW ELIGIBILITY RESULTS (PDF)

Step 3: Continue to enrollment
You've finished and submitted your application, and viewed your "Eligibility Results." Next, you'll choose a plan and enroll in coverage.

CONTINUE TO ENROLLMENT
Lessons Learned from HealthCare.gov

Organize and group together by person instead of by program to align with how consumers think about their information and reduce repeating information that applies to multiple people.

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**Step 1: View Your "Coverage Options at a Glance"**

This section gives a quick snapshot of your eligibility. It's important to view your full "Eligibility Results" for more detailed information. Continue to Step 2.

<table>
<thead>
<tr>
<th>Name</th>
<th>Eligibility</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Carson</td>
<td>May be eligible</td>
<td>For <a href="link">Children's Health Insurance Program (CHIP)</a> You'll get a final decision from your state CHIP agency.</td>
</tr>
<tr>
<td>John Carson</td>
<td>Eligible</td>
<td>For Marketplace health plans</td>
</tr>
<tr>
<td>Suzanne Carson</td>
<td></td>
<td>For up to $653 in premium tax credits for your household</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans</td>
</tr>
</tbody>
</table>

**Temporary eligibility:** You need to provide more information within the next 3 months to keep your coverage. View your "Eligibility Results" to learn how to submit this information.
Lessons Learned from HealthCare.gov

Require consumers to download full eligibility notice before continuing to plan comparison and enrollment to facilitate reading of notices.

Step 2: View Your "Eligibility Results"

Your "Eligibility Results" contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines, and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to Step 3 to enroll in coverage after you review your results.

View Eligibility Results (PDF)

Step 3: Continue to enrollment

You've finished and submitted your application, and viewed your "Eligibility Results." Next, you'll choose a plan and enroll in coverage.

Continue to Enrollment

Step 3: "Continue to Enrollment" button starts greyed out until the consumer completes Step 2 and saves notice.
# Input from States, Consumer Advocates and IT Vendor

<table>
<thead>
<tr>
<th>Feedback on Current Communications</th>
<th>Key Areas of Consumer Confusion</th>
<th>Use, Content, and Design of Eligibility Results Pages</th>
<th>Implementation Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>States</td>
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<td><img src="checkmark" alt="Checkmark" /></td>
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<td></td>
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</table>

**Thank You for Your Feedback:**

- Hawaii
- Kentucky
- Michigan
- New Mexico
- Center on Budget and Policy Priorities
- Georgetown Center for Children and Families
- National Health Law Program
- Accenture
Input from States, Consumer Advocates and IT Vendor

Feedback on Current Consumer Communications

• Notices still lengthy and confusing – call centers receive many questions related to notices

• Unclear how many consumers are reading notices, states interviewed did not have capability to track whether notices read

• Important to provide access to consumer communications in appropriate literacy levels and variety of languages

Key Areas of Consumer Confusion

• Difficult to understand eligibility determination, next steps and differences between Medicaid, CHIP and the Marketplace coverage

• In FFM states, do not understand Marketplace is a different agency from where application was initiated

• For mixed coverage program families, confusion when receiving notices from different agencies after account transfer
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<tr>
<td>• Several states interviewed have eligibility and enrollment dashboards in consumer online accounts, none had full eligibility results pages</td>
<td>• Ability to conduct real-time eligibility determinations and make eligibility notices available immediately (key components of model page framework)</td>
</tr>
<tr>
<td>• Simplified language on model results page can be applied to current consumer communications immediately (even if state cannot implement results page in short-term)</td>
<td>• Resources and time for development</td>
</tr>
<tr>
<td>• Conflicting opinion on how much information to present on results page</td>
<td>• Rules engine does contain all information</td>
</tr>
<tr>
<td></td>
<td>• Use of pop-up windows for any links and cloud saving functionality for mobile users</td>
</tr>
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Collaboration with Health Literacy Experts

Engaged MAXIMUS Center for Health Literacy to work closely with the CMS Coverage LC team to develop and consumer test model eligibility results pages.

Development

• Created framework, design and layout for eligibility results pages to be leveraged by State Medicaid/CHIP agencies

• Developed content for 8 scenarios using the model informed by legal, policy and operational considerations

• Based language recommendations on industry best practices for readability and usability, and past experience with model eligibility notices and related work
Model Eligibility Results Pages
State Toolkit

Help State Medicaid Agencies implement eligibility results pages to communicate effectively with consumers following an online application

- **Toolkit Guide** – Learning Collaborative deck, which provides an overview on how model eligibility results pages were developed and how to apply the framework and other tools.

- **Model Eligibility Results Page Framework** – Organization, design and layout of eligibility results pages.

- **Model Eligibility Results Menu and Map** – List of message snippets and how they are applied in model eligibility results pages.

- **Scenarios** – Eight scenarios that demonstrate how states can apply the eligibility results page framework and vary by:
  - Household Composition
  - State Marketplace Model
  - State Medicaid Delivery System Model
Eligibility Results Page Framework: Three-Step Process

Three-step framework maintained across different eligibility scenarios

**STEP 1**
- Review your eligibility results
  - Start with eligibility results
  - Remains the same across any scenario

**STEP 2**
- Read your eligibility letter
  - or
- Send us the information we need
  - Depends on whether there is an eligibility determination or if more information is needed

**STEP 3**
- Access care
  - or
- Choose health plan
  - or
- Send us more information
  - or
- Complete your Marketplace application
  - Depends on state’s Medicaid delivery system and Marketplace model
Eligibility Results Page Framework:
Organization, Design & Layout

Each step is a separate page but has a consistent organization, design and layout

**Tracking bar**
- Appears on each page
- Orient consumer to where they are in the process
- Current step highlighted in blue, other steps in grey
- Reminds consumer there are key next steps

**Application tracking and download**
- Appears on each page
- Allows consumer easy access to application at any step of the process

**Header**
- Appears on each page

**Key step**
- Appears on each page but information specific to the step
- Bold text emphasizes key information

**Footer**
- Appears on each page
- Provides assistance and language options
Consumer is driven to the eligibility notice and must download notice to move forward

Eligibility Results

You’re not done yet! Take these next steps.

1. Thank you for your application
2. Review your eligibility results
3. Read your eligibility letter
4. Choose your health plan

Your application tracking number is: 987654321
Please keep this number for your records.
Download your application to print or save a copy.

2. Read your eligibility letter

The letter tells you more about our decisions and how we made them. It tells you more about your health coverage choices and what to do next. It explains what to do if you think we made a mistake about your eligibility.

You need to download your eligibility letter before you go to Step 3.

Download your eligibility letter

Questions? Call us at 866-987-1234 (TTY: 866-987-4321),
We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sma.gov

English | Español | Français

Importance of notice
- Explains what information is in the notice

Mandatory download
- Informs consumer that downloading eligibility letter is required to advance
- Greyed out button provides visual cue that going to Step 3 is not currently available
- “Download” could allow consumer to save to secure account, print, e-mail, or save locally; consider security features since consumer may be logged in through public computer

Consumer-accessible terminology
- “Eligibility letter” is used instead of “eligibility determination notice”
- Consumer literacy research shows that “letter” is more accessible than “notice”
- Letter is also more broadly applicable since consumers may be receiving a request for additional information, not a determination
Alert message

- If consumer clicks on greyed out button without downloading notice, an alert message appears and consumer cannot move forward.
Eligibility Results Page Framework: 
Organization, Design & Layout

Consumer is driven to the eligibility notice and must download notice to move forward

Navigational buttons
- Appear at bottom of each page to go forwards and backwards, as applicable

Navigation forward
- Only after consumer downloads eligibility notice does the greyed out button turn green and consumer can move forward to Step 3

Eligibility Results

You’re not done yet! Take these next steps.

1. Thank you for your application
2. Review your eligibility results
3. Read your eligibility letter
4. Choose your health plan

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The letter tells you more about our decisions and how we made them. It tells you more about your health coverage choices and what to do next. It explains what to do if you think we made a mistake about your eligibility.

You need to download your eligibility letter before you go to Step 3.

Download your eligibility letter

Questions? Call us at 866-987-1234 (TTY: 866-987-4321). We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sm.gov.

English | Español | Français
Eligibility Results Page Framework: Organization, Design & Layout

Consumer is guided to access care based on state’s delivery system

Multi-person household
- Organized by person, then group by common programs to reduce repeating information
- Divider line to help delineate between coverage programs

Last step is to access care
- Consumer is guided to selecting a health plan or finding a participating provider
- Last step is tailored to state delivery system
Eligibility Results Page Framework: 
Looking Closer at Specific Steps

You’re not done yet! Take these next steps.

1. Review your eligibility results

Anna Jackson: You qualify for Medicaid health coverage.
Your coverage started on January 1, 2016.
You will receive a Medicaid card in the mail.
For now, you can get health services using your Medicaid ID number: TANG-9876.

We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sma.gov.

English | Español | Français
Eligibility Results Page Framework:
Looking Closer at Step 1

**STEP 1**
- Review your eligibility results

**STEP 2**
- Read your eligibility letter
  
  or

- Send us the information we need

**STEP 3**
- Access care
  
  or

- Choose health plan
  
  or

- Send us more information
  
  or

- Complete your Marketplace application
Step 1. Review your eligibility results

First step provides snapshot of eligibility determination

1. Review your eligibility results

<table>
<thead>
<tr>
<th>Individual(s) Name</th>
<th>Eligibility Determination</th>
<th>Important Eligibility Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Jackson</td>
<td>You qualify for Medicaid health coverage.</td>
<td>Your coverage started on January 1, 2016. You will receive a Medicaid card in the mail. For now, you can get health services using your Medicaid ID number: 12345-9876</td>
</tr>
<tr>
<td></td>
<td>You do not qualify for Medicaid health coverage.</td>
<td>To learn why you do not qualify, go to Step 2.</td>
</tr>
<tr>
<td></td>
<td>But, you still might be able to get health coverage – and help paying for it – through the Health Insurance Marketplace (Marketplace).</td>
<td>The Marketplace is a service where you can shop for and buy affordable private health insurance online, over the phone, or with in-person help. It also provides financial help to people who qualify.</td>
</tr>
</tbody>
</table>

Three column format
- Uses three column format to present eligibility information consistently
  - 1st Column: Individual(s) name
  - 2nd Column: Eligibility determination results
  - 3rd Column: Important eligibility details such as coverage start date, ID number, or what to do next

Focus on key eligibility details
- Eligibility results page not intended to replace notice but to succinctly communicate result at a high-level and next steps
- Conscious decision to not include the denial reason since challenging to concisely explain basis of denial and appeals rights; instead, drive consumer to read eligibility notice
- Added definition of Marketplace following consumer testing feedback on consumer confusion
Eligibility Results Page Framework:
**Looking Closer at Step 2**

**STEP 1**
- Review your eligibility results

**STEP 2**
- Read your eligibility letter
  - or
- Send us the information we need

**STEP 3**
- Access care
  - or
- Choose health plan
  - or
- Send us more information
  - or
- Complete your Marketplace application
Step 2. Read your eligibility letter

Second step always directs consumer to eligibility notice

2. Read your eligibility letter

The letter tells you more about our decisions and how we made them. It tells you more about your health coverage choices and what to do next. It explains what to do if you think we made a mistake about your eligibility.

You need to download your eligibility letter before you go to Step 3.

Download your eligibility letter

Importance of notice
• Explains what information is in the notice
• Notifies consumer they must download notice in order to move forward

Back to Step 1

Go to Step 3 ▶

2. Send us the information we need

You need to send us proof of your citizenship by April 19, 2016, or your health coverage will end.

Your eligibility letter tells you what proof to send. It tells you how to send proof by mail, by fax, or in person. You can also send proof online.

Your letter also tells you more about our decisions and how we made them.

You need to download your eligibility letter before you go to Step 3.

Download your eligibility letter

Balancing messages
• For consumers who are eligible for Medicaid in a reasonable opportunity period, they will see a message to send additional information as well as downloading their notice
• This variation prioritizes the message to send proof so consumers can keep their coverage but also highlights that the eligibility notice gives more options for a consumer in sending proof

Medicaid and CHIP Learning Collaboratives
Eligibility Results Page Framework: 
Looking Closer at Step 3

**STEP 1**
- Review your eligibility results

**STEP 2**
- Read your eligibility letter
  
  *or*

- Send us the information we need

**STEP 3**
- Access care
  
  *or*

- Choose health plan
  
  *or*

- Send us more information
  
  *or*

- Complete your Marketplace application
Step 3. Start using your health coverage

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state.

Consumer determined eligible for Medicaid in a fee-for-service state.

Fee-for-service
- Informs consumer they are able to use their coverage now
- Directs consumer to find a provider that accepts Medicaid

3. Start using your health coverage
You are ready to start using your Medicaid health coverage. You can get health services right away from any doctor, clinic or other health care provider who accepts Medicaid.

Find a provider

Back to Step 2
Step 3. Choose your health plan

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state.

Consumer determined eligible for Medicaid in a managed care state.

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These pages illustrate variations in online plan selection capacity.

3. Choose your health plan

We will send you information about how to choose a health plan. To keep using your health coverage, you will need to choose a plan by **February 15, 2016**.

To learn more about your plan choices now, call us at 866-987-1234 (TTY: 866-987-4321). Or go to sma.gov.

Managed care state without online plan selection
- Informs consumer that they must choose plan, they will be sent information, and of deadline to choose a plan.

Managed care state with online plan selection
- Informs consumer that they must choose plan and of deadline to choose.
- Directs consumer to online plan selection.

Back to Step 2
Step 3. Send us the information we need

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state

Consumer must submit additional information to complete application and receive an eligibility determination.

3. Send us the information we need

You need to send us proof of your income by April 19, 2016.

Send us a copy of one of these documents:
- Your pay stubs for the last month
- Your most recent tax return, unless you think your tax return will be different this year
- A letter from your employer telling us your income

Send proof online

If you do not have one of these documents or you need to send proof in another way, read your eligibility letter.

Request for additional information
- Informs consumer of deadline to send information and types of documents to send

Notice
- Reiterates importance of reading notice

Back to Step 2
Step 3. Complete your Marketplace application

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state.

Consumer is determined ineligible for Medicaid in an FFM state.

Because account is being transferred to another agency, chose to provide more detailed information in order to explain adequately what is happening and options and considerations for the Marketplace application.

See following slides for more details.
Step 3. Complete your Marketplace application

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state.

Consumer is determined ineligible for Medicaid in an FFM state.

Balancing timing considerations
- Conveys time urgency if close to end of Open or Special Enrollment Period
- However, also sets expectations if not during Open Enrollment Period or consumer not eligible for Special Enrollment Period, and consumer cannot enroll immediately

Clear options for completing Marketplace application
- Testing showed that consumers didn’t understand or only partially understood how to apply to the Marketplace
- Re-organized key messages to clearly delineate two options for consumer to complete Marketplace application
- Provides specific instructions and link to start new application

3. Complete your Marketplace application

You should complete your Marketplace application as soon as you can to see if you can get coverage now.

To complete your application, you can:

1. **Start a new application.** You can go to [HealthCare.gov](http://HealthCare.gov) or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).
   - Create a Marketplace user account online or with a Call Center Representative if you don’t have one.
   - Have your eligibility letter with you to help answer questions.
   - Provide the information you gave us already.
   - Answer “yes” when asked if anyone has been found not eligible for Medicaid or the Children’s Health Insurance Program (CHIP) in the past 90 days.

   Or

2. **Wait for the letter from the Marketplace.** We sent your information to them. The Marketplace is starting an application for you. The letter will tell you how to complete your application with them.
Step 3. Complete your Marketplace application

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state.

Consumer is determined ineligible for Medicaid in an FFM state.

Additional resources
• Directs consumer to Marketplace resources

After you complete your application, the Marketplace will tell you if you qualify for health coverage and help paying for it.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and reapply. If they qualify, most people can get coverage only during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment now, people have to wait until the next Open Enrollment Period.

Some people can get Marketplace health coverage sooner in a Special Enrollment Period. They can do this if they had certain life changes such as getting married, having a baby, or losing Medicaid or other health coverage. They usually have up to 60 days after the date of the life change to apply for coverage. If they miss the deadline to complete their application, they have to wait until the next Open Enrollment Period.

If you have questions or need help completing your application, contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Or go to HealthCare.gov.

Open and Special Enrollment Periods
• Provides additional details on Open and Special Enrollment Periods
Consumer Testing
Consumer Testing

Model eligibility results pages were tested with consumers and revised as a result of their feedback

Approach

- Conducted hour-long, 1:1 interviews with 48 adults between ages 23 and 64, who read, write and speak English, and with an education ranging from no formal education to graduate-level education

- Testing sites:
  - City of Alexandria Workforce Development Center
  - PA CareerLink® West Philadelphia

- Consumers reviewed 2 model eligibility results pages that are more complex and covered many of the key messages contained in the remaining model eligibility results pages
  - Individual eligible for Medicaid during reasonable opportunity period and must send additional proof of citizenship; and
  - Children eligible for Medicaid and parent ineligible for Medicaid and transferred to FFM
Consumer Testing

Consumers interviewed by MAXIMUS Center for Health Literacy team and responded to 36 question interview protocol designed to:

- Determine if consumers can read and understand key messages and instructions
- Determine if consumers would take action based on key messages and instructions
- Assess consumers’ ability to navigate the sample results pages
- Identify challenges or barriers consumers face while using the sample results pages
- Understand consumers’ overall impressions of the sample results pages
Findings From Consumer Testing

Model eligibility page framework and sample pages tested well

✓ Easy to read and use
42 of 48 participants’ first impressions were that the sample results pages looked easy to read and use, 46 recognized the purpose of the results pages, and 45 understood the tracking bar navigation aid.

“It looks very easy and simple. It’s telling you step by step very specifically what you need to do”

✓ Driving to the eligibility notice
46 participants fully or partially understood why they needed to download their eligibility notice.

“Eligibility letter tells you more about your decision and how they made it...You can't go to Step 3 unless you do it.”

✓ Clicking over scrolling
39 participants preferred clicking through three short pages to scrolling over one long page.

“I would prefer clicking because scrolling is too much information on one sheet. Clicking takes you step by step and you will not get lost in all the information. It would be too much at one time.”
Findings From Consumer Testing

✓ Confusion with Marketplace
  Only 19 participants were familiar with and understood Marketplace.
  
  “I have no idea. It sounds like something on Wall Street.”

✓ Confusion with options for completing a Marketplace application and why consumers might want to start a new application
  • 11 participants did not understand or only partially understood their options for completing a Marketplace application.
  • Once participants understood they may get coverage sooner, 40 preferred to start new application rather than wait for account transfer.

I'd rather do it myself because I've carved out the time now, and I need answers now, and the waiting is frustrating.

Revisions made to the framework and pages based on these findings
Framework Tailored to Scenarios
Scenario 1a
Eligible for Medicaid in a managed care state without online plan enrollment
Step 1. Review your eligibility results

Eligibility Results

You’re not done yet! Take these next steps.

Thank you for your application  Review your eligibility results  Read your eligibility letter  Choose your health plan

Your application tracking number is: 987654321

Please keep this number for your records.

Download your application to print or save a copy.

1. Review your eligibility results

Anna Jackson  You qualify for Medicaid health coverage.

Your coverage started on January 1, 2016.
You will receive a Medicaid card in the mail. For now, you can get health services using your Medicaid ID number: 12345-9876.

We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sma.gov.

English  |  Español  |  Français
Step 2. Read your eligibility letter

Eligibility Results

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Download your application to print or save a copy.

2. Read your eligibility letter

The letter tells you more about our decisions and how we made them. It tells you more about your health coverage choices and what to do next. It explains what to do if you think we made a mistake about your eligibility.

You need to download your eligibility letter before you go to Step 3.

Download your eligibility letter

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Download your application to print or save a copy.

2. Read your eligibility letter

The letter tells you more about our decisions and how we made them. It tells you more about your health coverage choices and what to do next. It explains what to do if you think we made a mistake about your eligibility.

You need to download your eligibility letter before you go to Step 3.

Download your eligibility letter

We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sma.gov.

English | Español | Français
Step 3. Choose your health plan

Eligibility Results

You’re not done yet! Take these next steps.

Thank you for your application

Review your eligibility results

Read your eligibility letter

Choose your health plan

Your application tracking number is: 987654321

Please keep this number for your records.

Download your application to print or save a copy.

3. Choose your health plan

We will send you information about how to choose a health plan. To keep using your health coverage, you will need to choose a plan by February 15, 2016.

To learn more about your plan choices now, call us at 866-987-1234 (TTY: 866-987-4321). Or go to sma.gov.

We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sma.gov.

English  |  Español  |  Français
Scenario 3
Eligible for Medicaid during a reasonable opportunity period to provide citizenship documentation
Step 1. Review your eligibility results

Eligibility Results

You’re not done yet! Take these next steps.

Thank you for your application

Review your eligibility results

Send us the information we need

Start using your health coverage

1. Review your eligibility results

Anna Jackson

For now, you qualify for Medicaid health coverage.

Your coverage started on January 1, 2016.
You will receive a Medicaid card in the mail.
For now, you can get health services using your Medicaid ID number: 12345-9876.

But, to keep your coverage, we need more information.

You need to send us proof of your citizenship by April 19, 2016 to keep your coverage.
The citizenship information on your application does not match our records.

We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sma.gov.

English  |  Español  |  Français

- Balances two key messages for consumer:
  - Eligibility during reasonable opportunity period
  - Additional action required to keep coverage

- Using dividing line, “For now” and “but” helps to emphasize two-part message

- Eligibility details provide the coverage start date but also the deadline for submitting documentation required to maintain coverage
Step 2. Send us the information we need

You’re not done yet! Take these next steps.

1. Thank you for your application
2. Review your eligibility results
3. Send us the information we need
4. Start using your health coverage

Your application tracking number is: 987654321
Please keep this number for your records.
Download your application to print or save a copy.

2. Send us the information we need

You need to send us proof of your citizenship by April 19, 2016, or your health coverage will end.

Your eligibility letter tells you what proof to send. It tells you how to send proof by mail, by fax, or in person. You can also send proof online.

Your letter also tells you more about our decisions and how we made them.
You need to download your eligibility letter before you go to Step 3.

Download your eligibility letter

We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sma.gov.

English | Español | Français
Step 3. Start using your health coverage

Eligibility Results

You’re not done yet! Take these next steps.

1. Thank you for your application
2. Review your eligibility results
3. Send us the information we need
4. Start using your health coverage

Your application tracking number is: 987654321
Please keep this number for your records.

Download your application to print or save a copy.

3. Start using your health coverage

You are ready to start using your Medicaid health coverage. You can get health services right away from any doctor, clinic or other health care provider who accepts Medicaid.

Find a provider online.

Remember, your health coverage will end on April 19, 2016 if you do not give us proof of your citizenship.

We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to sma.gov.

English  |  Español  |  Français

“Find a provider” is a hyperlink rather than a button to avoid competing with the bold text directly below.
Scenario 5a
Mixed coverage family in Medicaid managed care and FFM state
Step 1. Review your eligibility results

You’re not done yet! Take these next steps.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review your eligibility results</td>
</tr>
<tr>
<td>2</td>
<td>Read your eligibility letter</td>
</tr>
<tr>
<td>3</td>
<td>Finish enrolling</td>
</tr>
</tbody>
</table>

Your application tracking number is: 987654321
Please keep this number for your records.
Download your application to print or save a copy.

1. Review your eligibility results

<table>
<thead>
<tr>
<th>Name</th>
<th>Eligibility Status</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Jackson</td>
<td>You qualify for Medicaid health coverage.</td>
<td></td>
</tr>
<tr>
<td>Peter Jackson</td>
<td>To learn why you do not qualify, go to Step 2.</td>
<td></td>
</tr>
<tr>
<td>Tom Jackson</td>
<td>The Marketplace is a service where you can shop for and buy affordable private health insurance online, over the phone, or with in-person help. It also provides financial help to people who qualify.</td>
<td></td>
</tr>
<tr>
<td>Susan Jackson</td>
<td>You do not qualify for Medicaid health coverage. To learn why you do not qualify, go to Step 2.</td>
<td></td>
</tr>
</tbody>
</table>

- Balances two messages for consumer ineligible for Medicaid and potentially eligible for Marketplace coverage
- Directs consumer to eligibility notice for details on Medicaid denial
- Provides consumer with an explanation of Marketplace

Questions? Call us at 866-987-1234 (TTY: 866-987-4321). We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free! Or go to sma.gov.
Step 2. Read your eligibility letter

You’re not done yet! Take these next steps.

Thank you for your application
Review your eligibility results
Read your eligibility letter
Finish enrolling

Your application tracking number is: 987654321
Please keep this number for your records.
Download your application to print or save a copy.

2. Read your eligibility letter

The letter tells you more about our decisions and how we made them. It tells you more about your health coverage choices and what to do next. It explains what to do if you think we made a mistake about your eligibility.

You need to download your eligibility letter before you go to Step 3.

Download your eligibility letter

Questions? Call us at 866-987-1234 (TTY: 866-987-4321). We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free! Or go to sma.gov.

English  |  Español  |  Français
Step 3. Finish enrolling

You’re not done yet! Take these next steps.

1. Review your eligibility results
2. Read your eligibility letter
3. Finish enrolling

Your application tracking number is: 987654321
Please keep this number for your records.
Download your application to print or save a copy.

3. Finish enrolling

Anna Jackson
Peter Jackson
Home Jackson

Choose a Medicaid health plan

To keep using your health coverage, you need to choose a health plan by February 15, 2016.
You may choose the same plan for everyone or different plans for each person.

Choose a Medicaid health plan

Sue Johnson

Complete your Marketplace application

You should complete your Marketplace application as soon as you can to see if you can get coverage now.

1. Start a new application. You can go to HealthCare.gov or contact the Call Center at 1-800-318-2196 (TTY: 1-855-869-0325).
   - Create a Marketplace user account online or with a Call Center Representative if you don’t have one.
   - Have your eligibility letter with you to help answer questions.
   - Provide the information you gave us already.
   - Answer “Yes” when asked if anyone has been found not eligible for Medicaid or the Children’s Health Insurance Program (CHIP) in the past 90 days.
   - Or
2. Wait for the letter from the Marketplace. We sent your information to them. The Marketplace is starting an application for you. The letter will tell you how to complete your application with them.

After you complete your application, the Marketplace will tell you if you qualify for health coverage and help paying for it.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and receive it in a future Open Enrollment Period called the Open Enrollment Period. If it is not an Open Enrollment Period, people have to wait until the next Open Enrollment Period.

Some people can get Marketplace health coverage sooner in a Special Enrollment Period. They can do this if they had certain changes such as getting married, having a baby or losing Medicaid or other health coverage. They usually have up to 60 days after the date of the life change to apply for coverage. If they miss the deadline to complete their application, they have to wait until the next Open Enrollment Period.

If you have questions or need help completing your application, contact the Marketplace Call Center at 1-800-318-2196 (TTY: 1-855-869-0325).
Or go to HealthCare.gov

We’re here Monday to Friday, 8 a.m. to 8 p.m. The call is free.
Or go to ssa.gov

English | Español | Français
Step 3. Finish enrolling

Household members eligible for Medicaid are instructed to select a managed care plan to begin accessing services.
Step 3. Finish enrolling

Household member potentially eligible for Marketplace may wait for an account transfer, or begin a new application right away.

**Susan Jackson** Complete your Marketplace application. You should complete your Marketplace application as soon as you can to see if you can get coverage now.

To complete your application, you can:

1. **Start a new application.** You can go to HealthCare.gov or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).
   - Create a Marketplace user account online or with a Call Center Representative if you don’t have one.
   - Have your eligibility letter with you to help answer questions.
   - Provide the information you gave us already.
   - Answer “yes” when asked if anyone has been found not eligible for Medicaid or the Children’s Health Insurance Program (CHIP) in the past 90 days.

Or

2. **Wait for the letter from the Marketplace.** We sent your information to them. The Marketplace is starting an application for you. The letter will tell you how to complete your application with them.
Step 3. Finish enrolling

Information on enrollment periods is provided along with contact information for the Marketplace.

After you complete your application, the Marketplace will tell you if you qualify for health coverage and help paying for it.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and reapply. If they qualify, most people can get coverage only during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment now, people have to wait until the next Open Enrollment Period.

Some people can get Marketplace health coverage sooner in a Special Enrollment Period. They can do this if they had certain life changes such as getting married, having a baby, or losing Medicaid or other health coverage. They usually have up to 60 days after the date of the life change to apply for coverage. If they miss the deadline to complete their application, they have to wait until the next Open Enrollment Period.

If you have questions or need help completing your application, contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Or go to HealthCare.gov.
State Implementation Considerations
State Implementation Considerations

• States’ capability to generate online eligibility results pages dependent on capabilities for online application, real-time eligibility determination and eligibility notice generation

• Even if unable to implement eligibility results pages fully, states could leverage model eligibility results pages for best practices for wording, design and layout

• States could also apply framework and messages for the development of eligibility results pages for additional eligibility scenarios

• States may wish to consider enabling download and saving of eligibility results page so consumers can have the page available for future reference
Health Literacy Best Practices
Health Literacy Best Practices: Content

- Organization from the consumers’ perspective
- Key messages first and prominent
- Information chunked into one-topic paragraphs
- Meaningful, descriptive headings
- Definitions for necessary technical terms
- Streamlined information
Health Literacy Best Practices: Language

- Clear, simple wording for headings
- Friendly tone
- Active voice
- Parallel construction
- Short, simple paragraphs and sentences
- Common, familiar words
Health Literacy Best Practices: Design

- Font size equivalent to 12 point Times New Roman for the paragraph text with leading (space between lines) of 150%
- Size variation between the paragraph text and the different levels of headers
- Short line lengths, between 10 and 16 words
- Key words in bold, sparingly and in appropriate places
- Left alignment on all of the paragraph text
- Contact information on every page
Next Steps
Wrap Up

Next Meeting
A deeper dive for FFM states relating to the inbound account transfer to the Marketplace, including:
✓ Understanding the consumer perspective
✓ Key consumer messages
✓ Model consumer notice language
✓ Q&As for eligibility workers and consumer assisters

Contact Information
Let us know if you have any updates to your contact information or want more information on LC meetings
Contact MACLC@mathematica-mpr.com
Appendix: Eligibility Results Scenarios
Eligibility Results Page Framework: Assumptions and Variables

Eligibility results pages may vary based on consumer and state variables. The project team made assumptions and selected different variables in consumers’ eligibility circumstances and states’ Medicaid delivery system and Marketplace models.

<table>
<thead>
<tr>
<th>Assumptions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Entryway</td>
<td>State Medicaid/CHIP Agency</td>
</tr>
<tr>
<td>Application Modality</td>
<td>Online</td>
</tr>
<tr>
<td>Communication Modality</td>
<td>Online</td>
</tr>
<tr>
<td>Triggering Event</td>
<td>Application</td>
</tr>
<tr>
<td>Medicaid Category</td>
<td>MAGI</td>
</tr>
<tr>
<td>Issuing Agency</td>
<td>State Medicaid/CHIP Agency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variables</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Composition</td>
<td>• Individual</td>
</tr>
<tr>
<td></td>
<td>• Multi-person family</td>
</tr>
<tr>
<td>State Marketplace Model</td>
<td>• State-based Marketplace (SBM)</td>
</tr>
<tr>
<td></td>
<td>• Federally-facilitated Marketplace (FFM) (or, State-Partnership Marketplace)</td>
</tr>
<tr>
<td>State Medicaid Delivery System Model</td>
<td>• Medicaid managed care (MMC)</td>
</tr>
<tr>
<td></td>
<td>• With online plan enrollment</td>
</tr>
<tr>
<td></td>
<td>• Without online plan enrollment</td>
</tr>
<tr>
<td></td>
<td>• Fee-for-service (FFS)</td>
</tr>
<tr>
<td>#</td>
<td>Scenario</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 1a | • Individual submits single streamlined application to the State Medicaid Agency (SMA).  
     • SMA determines the individual eligible for Medicaid. | Individual eligible for Medicaid in managed care state with plan selection by mail | • Application date: January 15, 2016  
     • Medicaid managed care state with plan selection by mail |
| 1b | • Individual submits single, streamlined application to the SMA.  
     • SMA determines the individual eligible for Medicaid. | Individual eligible for Medicaid in managed care state with online plan enrollment | • Application date: January 15, 2016  
     • Medicaid managed care state with online plan enrollment |
| 1c | • Individual submits single, streamlined application to the SMA.  
     • SMA determines the individual eligible for Medicaid. | Individual eligible for Medicaid in FFS state | • Application date: January 15, 2016  
     • Medicaid FFS state |
| 2  | • Individual submits single, streamlined application to the SMA.  
     • Individual appears eligible for Medicaid, but there is an inconsistency based on income.  
     • SMA requests additional information to complete the eligibility determination. | Individual appears eligible for Medicaid but requires additional income verification | Application date: January 15, 2016 |
## Model Eligibility Results Scenarios

<table>
<thead>
<tr>
<th>#</th>
<th>Scenario</th>
<th>Eligibility Result</th>
<th>Assumptions/Variables Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>• Individual submits single, streamlined application to the SMA.</td>
<td>Individual eligible for Medicaid during reasonable opportunity period to provide citizenship information</td>
<td>Application date: January 15, 2016</td>
</tr>
<tr>
<td></td>
<td>• Individual appears eligible for Medicaid, but there is an inconsistency based on citizenship. SMA requests additional information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Meanwhile, the individual is determined eligible for Medicaid during the reasonable opportunity period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>• Individual submits single, streamlined application to the SMA.</td>
<td>Individual ineligible for Medicaid in FFM state</td>
<td>• Application date: January 15, 2016</td>
</tr>
<tr>
<td></td>
<td>• Individual is determined ineligible for Medicaid.</td>
<td></td>
<td>• FFM state</td>
</tr>
</tbody>
</table>
# Model Eligibility Results Scenarios

<table>
<thead>
<tr>
<th>#</th>
<th>Scenario</th>
<th>Eligibility Result</th>
<th>Assumptions/Variables Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a</td>
<td>Individual submits single, streamlined application.</td>
<td>Mixed coverage family in Medicaid managed care and FFM state.</td>
<td>Application date: January 15, 2016</td>
</tr>
<tr>
<td></td>
<td>• Children are determined eligible for Medicaid.</td>
<td>• Children eligible for Medicaid and able to enroll in plan online.</td>
<td>Medicaid managed care state with online plan enrollment</td>
</tr>
<tr>
<td></td>
<td>• Adults are determined ineligible for Medicaid.</td>
<td>• Parent ineligible for Medicaid and being transferred to the Marketplace for APTC/CSR eligibility determination.</td>
<td>FFM state</td>
</tr>
<tr>
<td></td>
<td>• SMA issues notice that children are eligible for Medicaid and adults are being transferred to the Marketplace for APTC/CSR eligibility determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Application date: January 15, 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medicaid managed care state with online plan enrollment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• FFM state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Individual submits an single, streamlined application to the SMA.</td>
<td>Mixed coverage family in Medicaid managed care and SBM state.</td>
<td>Application date: January 15, 2016</td>
</tr>
<tr>
<td></td>
<td>• Children are determined eligible for Medicaid.</td>
<td>• Children eligible for Medicaid and able to enroll in plan online.</td>
<td>Medicaid managed care state with online plan enrollment</td>
</tr>
<tr>
<td></td>
<td>• Adults are determined ineligible for Medicaid and eligible for a Qualified Health Plan (QHP) and Advanced Premium Tax Credit (APTC). State agency issues a combined notice.</td>
<td>• Parent ineligible for Medicaid and eligible for APTC/CSR and QHP enrollment.</td>
<td>SBM state</td>
</tr>
<tr>
<td></td>
<td>• Application date: January 15, 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medicaid managed care state with online plan enrollment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• SBM state</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>