Model Eligibility Results Page

The Coverage Learning Collaborative (Coverage LC) Effective Consumer Communication Project team (CMCS, Manatt Health, MAXIMUS Center for Health Literacy) is developing a model eligibility results page that appears at the end of an online application.

The model eligibility results page is intended to serve as a companion to the <u>Eligibility-Related Determination Notices State Toolkit</u> developed by the Coverage LC in 2013. It is a tool that states can use to supplement their full notices to improve consumer communication.

The project team developed eight model eligibility results pages for different eligibility scenarios. The project team made assumptions about the consumers' eligibility circumstances and the State Medicaid/CHIP program design, which are documented in the scenario descriptions, and assumptions about state procedures. To provide a "real world look-and-feel," model notices are populated with hypothetical consumer and state-specific information based on these assumptions.

Assumptions and Variables

Assumptions			
Application Entryway	State Medicaid/CHIP Agency		
Application Modality	Online		
Communication Modality	Online		
Triggering Event	Application		
Medicaid Category	MAGI		
Issuing Agency	State Medicaid/CHIP Agency		

Variables			
Household Composition	IndividualMulti-person family		
State Marketplace Model	 State-based Marketplace (SBM) Federally-facilitated Marketplace (FFM) 		
State Medicaid Delivery System Model	 Medicaid managed care (MMC) With online plan enrollment Without online plan enrollment Fee-for-service (FFS) 		

Eligibility Scenarios

Model Results Page Scenario in State Toolkit	Eligibility Result	Scenario Description	Assumptions/ Variables Selected
1a	Individual eligible for Medicaid in Medicaid managed care (MMC) state without online	 Individual submits a single streamlined application to State Medicaid Agency (SMA). SMA determines the individual eligible for 	 Application Date: January 15, 2016
1b	Individual eligible for Medicaid in MMC state with online plan enrollment	 Medicaid. Individual submits a single streamlined application to SMA. SMA determines the individual eligible for Medicaid. 	 Application Date: January 15, 2016
1c	Individual eligible for Medicaid in fee-for-service (FFS) state	 Individual submits a single streamlined application to SMA. SMA determines the individual eligible for Medicaid. 	 Application Date: January 15, 2016
2	Individual appears eligible for Medicaid but requires additional income verification	 Individual submits a single streamlined application to SMA. Individual appears eligible for Medicaid, but there is an inconsistency based on income. SMA requests additional information to complete the eligibility determination. 	 Application Date: January 15, 2016
3	Individual eligible for Medicaid during reasonable opportunity period to provide citizenship status information	 Individual submits a single streamlined application to SMA. Individual appears eligible for Medicaid, but there is an inconsistency based on citizenship status. SMA requests additional information. SMA determines individual eligible for Medicaid during the reasonable opportunity period. 	 Application Date: January 15, 2016

Model Results Page Scenario in State Toolkit	Eligibility Result	Scenario Description	Assumptions/ Variables Selected
4	Individual ineligible for Medicaid in federally-facilitated Marketplace (FFM) state	 Individual submits a single streamlined application to SMA. SMA determines the individual ineligible for Medicaid. 	 Application Date: January 15, 2016
5a	 Mixed coverage family in MMC and FFM state. Children eligible for Medicaid and able to enroll in plan online. Adult ineligible for Medicaid and being transferred to the Marketplace for APTC/CSR eligibility determination. 	 Individual submits a single streamlined application to SMA. SMA determines the children eligible for Medicaid. SMA determines the adult ineligible for Medicaid. SMA issues notice that children are eligible for Medicaid and adult is being transferred to the Marketplace for APTC/CSR eligibility determination. 	 Application Date: January 15, 2016
5b	 Mixed coverage family in MMC and state-based Marketplace (SBM) state. Children eligible for Medicaid and able to enroll in plan online. Adult ineligible for Medicaid and eligible for APTC/CSR and QHP enrollment. 	 Individual submits a single streamlined application to SMA. SMA determines the children eligible for Medicaid. SMA determines the adult ineligible for Medicaid and eligible for a Qualified Health Plan (QHP) and Advanced Premium Tax Credit (APTC). Integrated SMA and SBM issues a combined notice. 	• Application Date: January 15, 2016





Download your application to print or save a copy.

coverage.

You will receive a Medicaid card in the mail. For now, you can get health services using your Medicaid ID number: 12345-9876.

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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 <u>sma.gov</u>.

English | Español | Français





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

Back to Step 1

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Scenario 1a



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 <u>sma.gov</u>.





Download your application to print or save a copy.

think we made a mistake about your eligibility.



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Download your eligibility letter

Back to Step 1

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English | Español | Français





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.





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 <u>sma.gov</u>.





Download your application to print or save a copy. 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**.

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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 <u>sma.gov</u>.





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Back to Step 1

Go to Step 3 🕨

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English | Español | Français





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for your records. Download your application

to print or save a copy.

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.

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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 <u>sma.gov</u>.





Your application tracking number is: 987654321

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

Download your eligibility letter

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English | Español | Français







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English | Español | Français





Download your application to print or save a copy.

but we need more information.

The income information on your application does not match our records.

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Scenario

N

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 <u>sma.gov</u>.

English | Español | Français





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

Back to Step 1

Go to Step 3 🕨

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English | Español | Français





Review your eligibility results

Read your eligibility letter

Send us the information we need



Your application tracking number is: 987654321

Please keep this number for your records.

Download your application to print or save a copy.

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.

Back to Step 2



Scenario

N



R

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 <u>sma.gov</u>.





Go to Step 2 🕨

Scenario 3

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 <u>sma.gov</u>.

English | Español | Français





Review your eligibility results

Send us the information we need

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 <u>send proof online</u>.

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

Back to Step 1

Go to Step 3 🕨

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 <u>sma.gov</u>.

English | Español | Français





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. <u>Find a provider</u> online.

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

Back to Step 2

Scenario 3



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 <u>sma.gov</u>.







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Scenario 4

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 <u>sma.gov</u>.

English | Español | Français





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

Back to Step 1

Go to Step 3 🕨

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 <u>sma.gov</u>.

English | Español | Français





Review your eligibility results

Read your eligibility letter

Complete your Marketplace application



Your application tracking number is: 987654321

Please keep this number for your records.

Download your application to print or save a copy.

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 <u>HealthCare.gov</u> 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.

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 <u>HealthCare.gov</u>.

Back to Step 2



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 <u>sma.gov</u>.

<u>English | Español | Français</u>





Go to Step 2 🕨

Scenario 5a

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 <u>sma.gov</u>.

<u>English</u> | <u>Español</u> | <u>Français</u>





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

Back to Step 1

Go to Step 3 🕨

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 <u>sma.gov</u>.

English | Español | Français



Thank you for your application	Review your eligibility results		Read your eligibility letter	Finish enrolling
-	-1		2	3
Your application tracking number is: 987654321	3. Finish e	enrolling		
Please keep this number for your records. Download your application to print or save a copy.	Anna Jackson Peter Jackson Tom Jackson	Choose a Medicaid health plan.	To keep using your health coverage choose a health plan by Februar You may choose the same plan for different plans for each person. Choose a Medicaid health pl	ge, you need to y 15, 2016 . or everyone or an
	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 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 compl you if you qualif The Marketplace coverage now o	ete your application, the Marketpla y for health coverage and help pay e will also tell you whether you can r if you have to wait and reapply. If a get coverage only during a certain	ace will tell ing for it. get health they qualify, a time each year

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.

called the Open Enrollment Period. If it is not Open Enrollment now,

people 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 <u>HealthCare.gov</u>.

Back to Step 2



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.





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<u>English</u> | <u>Español</u> | <u>Français</u>





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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

Back to Step 1

Go to Step 3 🕨

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Back to Step 2

Scenario 5b

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English | Español | Français