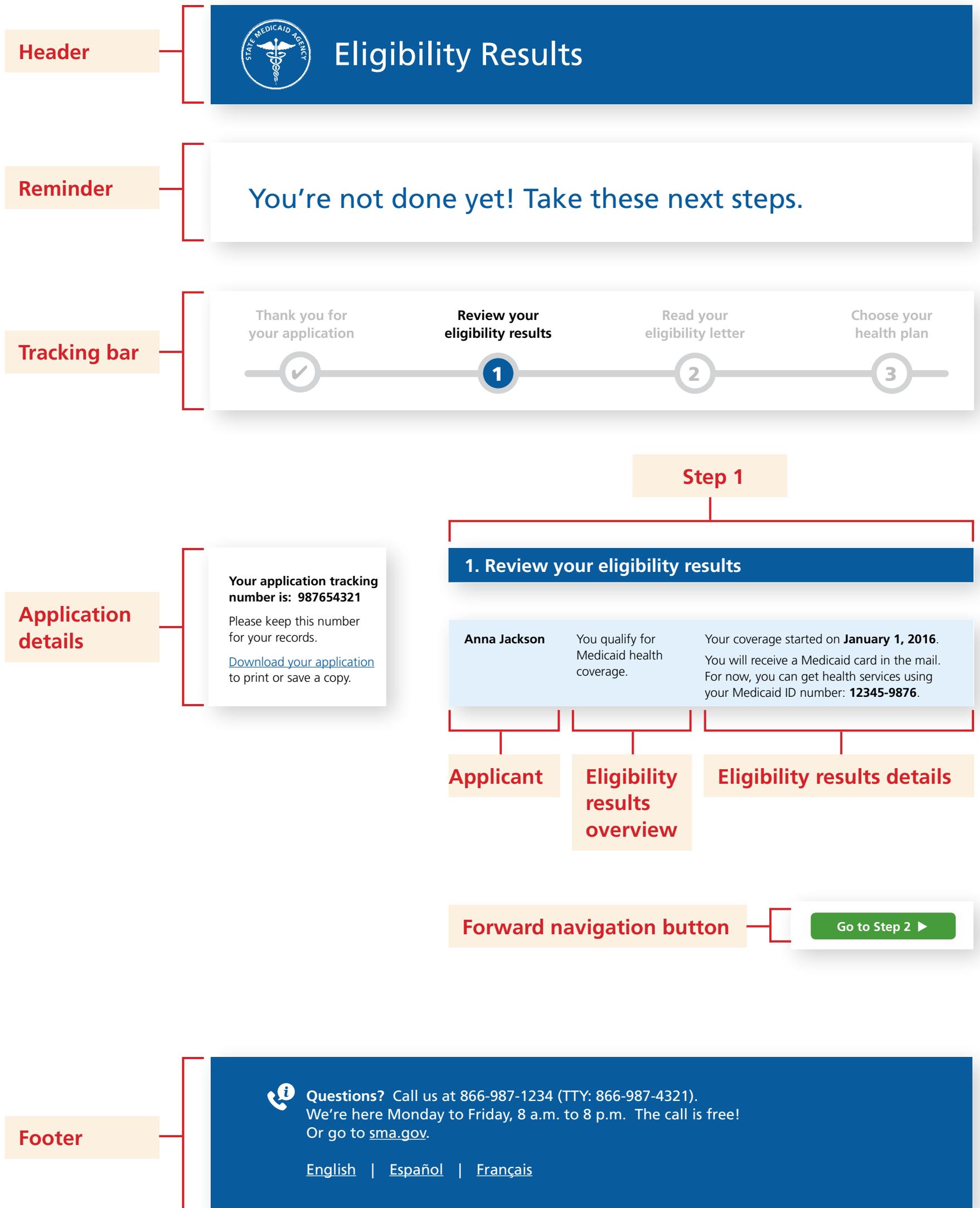


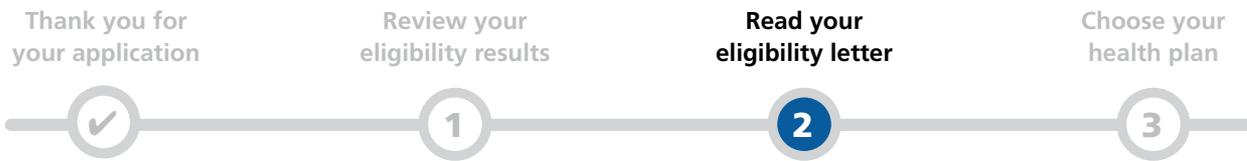
Model Eligibility Results Page: Messages Map





Eligibility Results

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



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](#)

Step 2

Eligibility letter

Action button

◀ Back to Step 1

Go to Step 3 ▶

Backward navigation button

Inactive navigation button



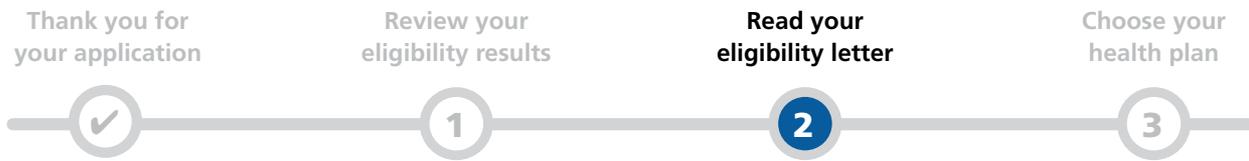
Questions? Call us at 866-987-1234 (TTY: 866-987-4321).
We're here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
Or go to [sma.gov](#).

[English](#) | [Español](#) | [Français](#)



Eligibility Results

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



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 ▶](#)

Alert message



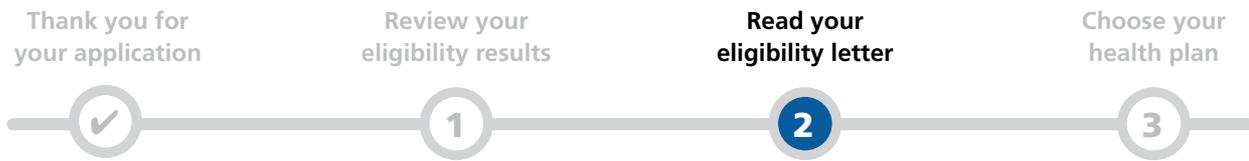
Questions? Call us at 866-987-1234 (TTY: 866-987-4321). We're here Monday to Friday, 8 a.m. to 8 p.m. The call is free! Or go to sma.gov.

[English](#) | [Español](#) | [Français](#)



Eligibility Results

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



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 ▶](#)

Forward navigation button



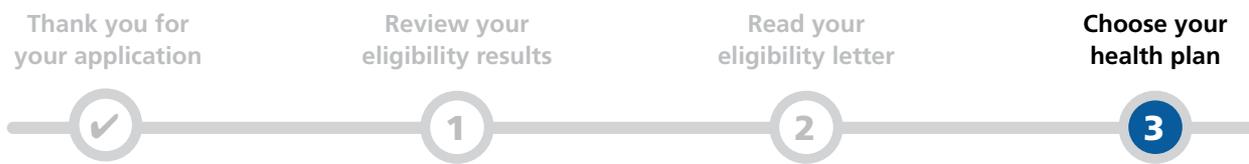
Questions? Call us at 866-987-1234 (TTY: 866-987-4321). We're here Monday to Friday, 8 a.m. to 8 p.m. The call is free! Or go to sma.gov.

[English](#) | [Español](#) | [Français](#)



Eligibility Results

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



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.

[◀ Back to Step 2](#)

Step 3

Next step details



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](#)

Model Eligibility Results Page: Messages Menu

INSTRUCTIONS: The following is a collection of many of the different messages that could be included in model eligibility results pages and how they are applied to the eight model scenarios that have been developed by the Coverage LC. This menu should be read in conjunction with the model eligibility results page map to visually connect the page segment where a message may be applied. While the list is not exhaustive, it addresses several eligibility scenarios and provides a foundation on which states may craft additional messages and model eligibility results pages. These messages have been crafted by the Coverage LC policy team and consumer literacy experts, tested with consumers, and revised.

KEY

<Variable text>

[State-specific text]

Hyperlinked text

[Button text]

Page Segment	Content Description	Key Message	Application to Scenarios
Header			
Header	Agency logo and purpose of page	Eligibility Results	All
Reminder			
Reminder	Reminder for consumer	You're not done yet! Take these next steps.	All
Tracking Bar			
Eligible for Medicaid in MMC state	Tracking bar labels	<ul style="list-style-type: none"> ✓ Thank you for your application 1. Review your eligibility results 2. Read your eligibility letter 3. Choose your health plan 	1a, 1b
Eligible for Medicaid in FFS state	Tracking bar labels	<ul style="list-style-type: none"> ✓ Thank you for your application 1. Review your eligibility results 2. Read your eligibility letter 3. Start using your health coverage 	1c
Additional information needed for Medicaid determination	Tracking bar labels	<ul style="list-style-type: none"> ✓ Thank you for your application 1. Review your eligibility results 2. Read your eligibility letter 3. Send us the information we need 	2
Eligible for Medicaid in reasonable opportunity period	Tracking bar labels	<ul style="list-style-type: none"> ✓ Thank you for your application 1. Review your eligibility results 2. Send us the information we need 3. Start using your health coverage 	3

Page Segment	Content Description	Key Message	Application to Scenarios
Ineligible for Medicaid in FFM state	Tracking bar labels	<ul style="list-style-type: none"> ✓ Thank you for your application <ol style="list-style-type: none"> 1. Review your eligibility results 2. Read your eligibility letter 3. Complete your Marketplace application 	4
Mixed program family - Eligible for Medicaid, potentially eligible for Marketplace in FFM state	Tracking bar labels	<ul style="list-style-type: none"> ✓ Thank you for your application <ol style="list-style-type: none"> 1. Review your eligibility results 2. Read your eligibility letter 3. Finish enrolling 	5a
Mixed program family - Eligible for Medicaid, eligible for Marketplace in SBM state	Tracking bar labels	<ul style="list-style-type: none"> ✓ Thank you for your application <ol style="list-style-type: none"> 1. Review your eligibility results 2. Read your eligibility letter 3. Choose your health plans 	5b
Application Details			
Application details	Application tracking and access information	<p>Your application tracking number is: <MedAppTrackNumber> Please keep this number for your records. Download your application to print or save a copy.</p>	All
Step 1			
Review your eligibility results	Title for Step 1	1. Review your eligibility results	All
Applicant			
Applicant - Individual	Name of applicant	<Name>	1a, 1b, 1c, 2, 3, 4
Applicants - Multiple	Names of applicants	<1stAppName> <2ndAppName> <3rdAppName>	5a, 5b
Eligibility Results Overview			
Eligible for Medicaid	Decision on application	You qualify for Medicaid health coverage.	1a, 1b, 1c, 5a, 5b
Need additional information	Decision on application	You may qualify for Medicaid health coverage, but we need more information.	2
Eligible for Medicaid in reasonable opportunity period	Decision on application	<p>For now, you qualify for Medicaid health coverage.</p> <p>But, to keep your coverage, we need more information.</p>	3

Page Segment	Content Description	Key Message	Application to Scenarios
Ineligible for Medicaid, may be eligible for Marketplace (FFM State)	Decision on application	You do not qualify for Medicaid health coverage. But , you still might be able to get health coverage – and help paying for it – through the Health Insurance Marketplace (Marketplace).	4, 5a
Ineligible for Medicaid, eligible for Marketplace (SBM State)	Decision on application	You do not qualify for Medicaid health coverage. But , you do qualify for health coverage – and help paying for it – through the Health Insurance Marketplace (Marketplace).	5b
Eligibility Results Details			
Access your Medicaid coverage - Individual	Key details on applicant’s eligibility result: <ul style="list-style-type: none"> ▪ Coverage start date ▪ Accessing care ▪ Medicaid ID number 	Your coverage started on <MedCovStartDate> . You will receive a Medicaid card in the mail. For now, you can get health services using your Medicaid ID number: <MedIDNumber> .	1a, 1b, 1c
Access your Medicaid coverage - Multiple	Key details on applicants’ eligibility result: <ul style="list-style-type: none"> ▪ Coverage start date ▪ Accessing care ▪ Medicaid ID number 	Your coverage started on <MedCovStartDate> . You will receive a Medicaid card in the mail. For now, you can get health services using your Medicaid ID number: <ul style="list-style-type: none"> ▪ <1stAppName>: <1stAppMedIDNumber> ▪ <2ndAppName>: <2ndAppMedIDNumber> ▪ <3rdAppName>: <3rdAppMedIDNumber> 	5a, 5b
Send us proof of income	Key details on applicant’s eligibility result, including (as relevant): <ul style="list-style-type: none"> ▪ Proof of income required 	You need to send us proof of your income by <ProofDeadline> . The income information on your application does not match our records.	2

Page Segment	Content Description	Key Message	Application to Scenarios
Send us proof of citizenship	<p>Key details on applicant’s eligibility result:</p> <ul style="list-style-type: none"> ▪ Coverage start date ▪ Accessing care ▪ Medicaid ID number <p>Additional proof needed to keep coverage</p>	<p>Your coverage started on <MedCovStartDate>.</p> <p>You will receive a Medicaid card in the mail. For now, you can get health services using your Medicaid ID number: <MedIDNumber>.</p> <p>You need to send us proof of your citizenship by <ProofDeadline> to keep your coverage. The citizenship information on your application does not match our records.</p>	3
Ineligible for Medicaid, may be eligible for Marketplace (FFM state)	<p>Key details on applicant’s eligibility result:</p> <ul style="list-style-type: none"> ▪ Learn about denial reason in Step 2 (notice) ▪ Explanation about Marketplace 	<p>To learn why you do not qualify, go to Step 2.</p> <p>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.</p>	4, 5a
Ineligible for Medicaid, eligible for Marketplace (SBM state)	<p>Key details on applicant’s eligibility result:</p> <ul style="list-style-type: none"> ▪ Learn about denial reason in Step 2 (notice) ▪ Explanation about QHP and APTC eligibility ▪ Explanation about Marketplace 	<p>To learn why you do not qualify, go to Step 2.</p> <p>You qualify for:</p> <ul style="list-style-type: none"> ▪ Marketplace health plans, including “silver” plans that lower how much you pay when you receive health services. ▪ A tax credit of <TaxCreditAmount> per month to help you pay for your monthly health plan costs. <p>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.</p>	5b
Forward Navigation Button			
Go to next step	Button label	<u> Go to Step 2 </u>	All
Step 2			
Read your eligibility letter	Title for Step 2	2. Read your eligibility letter	1a, 1b, 1c, 2, 4, 5a, 5b
Send us information	Title for Step 2	2. Send us the information we need	3

Page Segment	Content Description	Key Message	Application to Scenarios
Eligibility Letter			
Read your eligibility letter	Importance of reading eligibility letter: <ul style="list-style-type: none"> ▪ Basis of eligibility determination ▪ Coverage options ▪ Appeals rights ▪ Required to move forward 	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.	1a, 1b, 1c, 2, 4, 5a, 5b
Send us information	Importance of reading eligibility letter: <ul style="list-style-type: none"> ▪ Types of proof to send ▪ Options for sending proof ▪ Basis of eligibility determination ▪ Required to move forward 	You need to send us proof of your citizenship by <ProofDeadline> , 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.	3
Action Button			
Complete current step before proceeding	Button label	 Download your eligibility letter 	All
Backward Navigation Button			
Go to previous step	Button label	 Back to Step 1 	All
Inactive Navigation Button			
Complete current step before proceeding	Button label	 Go to Step 3 	All
Alert Message			
Download eligibility letter reminder	Alert icon and bold text	▲ You need to download your eligibility letter before you go to Step 3.	All
Forward Navigation Button			
Go to next step	Button label	 Go to Step 3 	All

Page Segment	Content Description	Key Message	Application to Scenarios
Step 3			
Choose your health plan	Title for Step 3	3. Choose your health plan	1a, 1b
Choose your health plans	Title for Step 3	3. Choose your health plans	5b
Start using your health coverage	Title for Step 3	3. Start using your health coverage	1c, 3
Send us the information we need	Title for Step 3	3. Send us the information we need	2
Complete your Marketplace application	Title for Step 3	3. Complete your Marketplace application	4
Finish enrolling	Title for Step 3	3. Finish enrolling	5a
Applicant			
Applicants - Multiple	Names of applicants	<1stAppName> <2ndAppName> <3rdAppName>	5a, 5b (message section suppressed for individual households)
Next Step Overview			
Choose a Medicaid health plan	Short instruction on next step	Choose a Medicaid health plan	5a, 5b (message section suppressed for individual households)
Complete your Marketplace application	Short instruction on next step	Complete your Marketplace application	5a (message section suppressed for individual households)
Choose a Marketplace health plan	Short instruction on next step	Choose a Marketplace health plan	5b (message section suppressed for individual households)
Next Step Details			
Choose Medicaid plan, wait for enrollment information	Detailed instruction on next step	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 <MedPlanSelDeadline>. To learn more about your plan choices now, call us at [PhoneNumber] (TTY: [TTYNumber]). Or go to [Website].	1a

Page Segment	Content Description	Key Message	Application to Scenarios
Choose Medicaid plan - Individual	Detailed instruction on next step	To keep using your health coverage, you need to choose a health plan by <MedPlanSelDeadline> . <u> Choose a health plan </u>	1b
Choose Medicaid plan - Multiple	Detailed instruction on next step	To keep using your health coverage, you need to choose a health plan by <MedPlanSelDeadline> . You may choose the same plan for everyone or different plans for each person. <u> Choose a Medicaid health plan </u>	5a, 5b
Use Medicaid coverage	Detailed instruction on next step	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>	1c
Send proof of income	Detailed instruction on next step	You need to send us proof of your income by <ProofDeadline> . Send us a copy of one of these documents: <ul style="list-style-type: none"> ▪ 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 <u> Send proof online </u> <i>If you do not have one of these documents or you need to send proof in another way, read your eligibility letter.</i>	2

Page Segment	Content Description	Key Message	Application to Scenarios
Send proof during reasonable opportunity period	Detailed instruction on next step	<p>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.</p> <p>Remember, your health coverage will end on <ProofDeadline> if you do not give us proof of your citizenship.</p>	3
Complete your Marketplace application	Detailed instruction on next step	<p>You should complete your Marketplace application as soon as you can to see if you can get coverage now.</p> <p>To complete your application, you can:</p> <ol style="list-style-type: none"> 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). <ul style="list-style-type: none"> ▪ 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. <p>Or</p> <ol style="list-style-type: none"> 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. 	4, 5a
Choose a Marketplace plan	Detailed instruction on next step	<p>You need to choose a health plan by <MktpPlanSelDeadline>.</p> <p><u>Choose a Marketplace health plan.</u></p>	5b

Page Segment	Content Description	Key Message	Application to Scenarios
About Open and Special Enrollment Periods	Information about OEP and SEP	<p>After you complete your application, the Marketplace will tell you if you qualify for health coverage and help paying for it.</p> <p>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.</p> <p>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.</p> <p><i>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.</i></p>	4, 5a
Backward Navigation Button			
Go to previous step	Button label	<u>Back to Step 2</u>	All
Footer			
Footer	Availability of assistance and options	<p>Questions? Call us at [PhoneNumber] (TTY: [TTYNumber]). We're here [FirstDay] to [LastDay], [FirstHour] to [LastHour]. The call is free! Or go to [Website].</p> <p>[TranslationOptions]</p>	All