

ELIGIBILITY-RELATED DETERMINATION NOTICES
STATE TOOLKIT
Tool #4: Model Notices

The Coverage Learning Collaborative Notices Project team (CMS, Manatt Health, MAXIMUS Center for Health Literacy, and Mathematica Policy Research) developed 13 consumer-facing notices for different eligibility scenarios. The project team made assumptions about the consumer’s eligibility circumstances and State Medicaid/Children’s Health Insurance Program (CHIP) design, which are documented in the scenario descriptions, and assumptions about state procedures. To provide “real world look-and-feel,” model notices are populated with *hypothetical* consumer and state-specific information based on these assumptions. State specific content pre-populated in model notices is not intended to provide policy guidance on State Medicaid/CHIP program design.

Model notices were developed initially in 2013 through consumer literacy testing, feedback from consumer advocates, and feedback from states. Model notices have been further refined and refreshed based on 2016 final regulations and additional operational experience. Model notices reflect best practices that may be applied by State Medicaid and CHIP agencies but will need to be customized.

Scenario	Assumptions/Variables Selected
Adult Eligible for Medicaid	
<p>1. Individual submits the single streamlined application to the State Medicaid Agency. The agency determines the individual eligible for Medicaid under MAGI rules for the adult group.</p>	<ul style="list-style-type: none"> • Individual is eligible for the adult group • Different Alternative Benefit Plan (ABP) benefit packages • Medicaid managed care state • Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap
<p>2. Individual submits the single streamlined application to the Federally Facilitated Marketplace (FFM). Individual is assessed eligible for Medicaid. FFM transfers application to the State Medicaid Agency. The agency determines the individual eligible for Medicaid under the adult group.</p>	<p><i>Notice reflects coordinated content on Marketplace assessment, with the FFM having issued an assessment notice.</i></p> <ul style="list-style-type: none"> • Individual is eligible for the adult group • Different Alternative Benefit Plan (ABP) benefit packages • Medicaid managed care state • Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap

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Scenario	Assumptions/Variables Selected
<p>3. Individual submits the single streamlined application to the FFM. Individual is assessed ineligible for Medicaid but requests full Medicaid determination. FFM transfers application to the State Medicaid Agency. The agency determines the individual eligible for Medicaid under the adult group.</p>	<p><i>Notice reflects coordinated content on Marketplace assessment, with the FFM having issued an assessment notice.</i></p> <ul style="list-style-type: none"> • Individual is eligible for the adult group • Different Alternative Benefit Plan (ABP) benefit packages • Medicaid managed care state • Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap
<p>4. Individual submits the single streamlined application to the State Medicaid Agency. Individual appears eligible for Medicaid but there is an inconsistency based on income. The agency requests additional information to complete the eligibility determination.</p>	<ul style="list-style-type: none"> • Individual is eligible as a caretaker relative • Individual has already been given the opportunity to submit a reasonable explanation as to inconsistency • Additional documentation list accompanies letter
<p>5. Individual submits the single streamlined application to the State Medicaid Agency. Individual appears eligible for Medicaid, but there is an inconsistency based on citizenship/immigration status. The agency requests additional information. Meanwhile, the individual is determined eligible for Medicaid during the reasonable opportunity period.</p>	<ul style="list-style-type: none"> • Individual is not eligible for the adult group • Individual has attested to being a U.S. citizen • Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap State has a separate documentation list

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Scenario	Assumptions/Variables Selected
Adult Eligible for APTC and Ineligible for Medicaid	
<p>6. Individual submits the single streamlined application to the State Medicaid Agency. Individual is determined ineligible for Medicaid.</p>	<p><i>Notice reflects coordinated content on Marketplace transfer. FFM will issue Marketplace determination notice.</i></p>
<p>7. Individual submits the single streamlined application to the FFM. Individual is assessed ineligible for Medicaid and determined eligible for advance premium tax credits (APTC). Individual requests full Medicaid determination. FFM transfers application to the State Medicaid Agency. The agency determines individual ineligible for Medicaid.</p>	<p><i>Notice reflects coordinated content on Marketplace assessment, with the FFM having issued a Medicaid assessment/Marketplace determination notice.</i></p>
Mixed Family: Adults Eligible for APTC and Children Eligible for Medicaid	
<p>8. Mixed Coverage Family: Individual submits the single streamlined application to the State Medicaid Agency. Children are determined eligible for Medicaid. Adults are determined ineligible for Medicaid. The agency issues notice that children are eligible for Medicaid and adults are being transferred to the Marketplace for APTC eligibility determination.</p>	<p><i>Notice reflects coordinated content on Marketplace transfer for adults. FFM will issue Marketplace determination notice for adults with Medicaid denial.</i></p> <ul style="list-style-type: none"> • Medicaid managed care state

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<p>9. Mixed Coverage Family: Individual submits the single streamlined application to the FFM. Children are assessed eligible for Medicaid. Adults are determined eligible for APTC and assessed ineligible for Medicaid. FFM transfers application to the State Medicaid Agency. Children are determined eligible for Medicaid.</p>	<p><i>Notice reflects coordinated content on Marketplace assessment, with the FFM having issued a Medicaid assessment/Marketplace determination notice.</i></p> <ul style="list-style-type: none"> • Adult withdrew Medicaid application • Medicaid managed care state
Mixed Family: Adults Eligible for APTC and Children Eligible for CHIP	
<p>10. Individual submits the single streamlined application to the State CHIP Agency. Children are determined eligible for CHIP and adults appear eligible for APTC. The agency transfers application to the Marketplace for premium tax credit/cost-sharing reductions eligibility determination. Adults are eligible for premium tax credit/cost-sharing reductions.</p>	<p><i>Notice reflects coordinated content on Marketplace transfer. FFM will issue Marketplace determination notice for adults.</i></p> <ul style="list-style-type: none"> • CHIP operated as a separate program from Medicaid and does not have authority to make Medicaid determinations • Assumes that a state that offers a more comprehensive benefit package under Medicaid than CHIP • Premiums and co-pays for CHIP services
Multi-Person Family: Adults and Children Eligible for Medicaid	
<p>11. Multi-Person Family: Individual submits the single streamlined application to the State Medicaid Agency. Children and adult are determined eligible for Medicaid.</p>	<ul style="list-style-type: none"> • Adult is not eligible for new adult group • Medicaid managed care state • Co-pays for Medicaid services for adult

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Child Ineligible for CHIP, Screened Ineligible for Medicaid, Eligible for APTC	
<p>12. Individual submits the single streamlined application to the State CHIP Agency. Child is determined ineligible for CHIP and screened ineligible for Medicaid. The agency transfers application to the FFM for APTC eligibility determination.</p>	<p><i>Notice reflects coordinated content on Marketplace transfer. FFM will issue Marketplace determination notice.</i></p> <ul style="list-style-type: none"> • CHIP operates as a separate program from Medicaid
Adult Eligible for APTC and Emergency Medicaid	
<p>13. Individual submits the single streamlined application to the State Medicaid Agency. Individual is determined ineligible for full scope Medicaid based on citizenship/immigration status. However, the individual is determined eligible for Emergency Medicaid and appears eligible APTC. The agency transfers the application to the FFM.</p>	<p><i>Notice reflects coordinated content on Marketplace transfer. FFM will issue Marketplace determination notice.</i></p> <ul style="list-style-type: none"> • Individual is not eligible for new adult group • Co-pays for Medicaid services



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

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Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 20XX
Letter date: November 5, 20XX
Letter number: 34567

Why you are getting this letter

Good news for you! You qualify for Medicaid health coverage. Your coverage starts on January 1, 20XX.

Using your health coverage

You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you a Medicaid card. Until you get your card, you can get health services using your Medicaid ID number: 123456789.

We will also send you information about choosing a health plan, which you will need to do in the next 30 days. Once you join a plan, you will need to use the plan's health care providers. To learn more about your plan choices and providers now, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Health services and costs

You can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. You do not have to pay a premium (a monthly cost) for your health coverage. You do have co-payments for some health services. There are different co-payments for different health services. But, there is a limit to your costs each month. How much you pay for co-payments and the limit to your monthly costs both depend on your income. If you think we made a mistake on your household size or income, and want to see if you qualify to pay less, you can appeal. See the last page to learn more. We will send you more information about your co-payments and monthly limit. Your health plan also will send you more information about health services and co-payments. To learn more now, go to **medicaid.state.gov**.

You must report changes

You must report any changes that might affect your health coverage. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."

To report changes, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Renewing your health coverage

You need to renew your health coverage every year. We will send you a letter when it is time to renew.



How we made our decisions and information about other programs

How you qualify for Medicaid

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$957 each month. Since your monthly income is below the Medicaid income limit, you qualify.

Because you qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Because you qualify for Medicaid, you will get coverage without needing to buy health insurance. This means you do not get help paying for health insurance through the Health Insurance Marketplace. Medicaid offers many services at low or no cost to you.

You might qualify for more health services:

If your income is under \$718 each month

Adults with incomes under \$718 each month qualify for more health services. If you think we made a mistake counting your income, you can appeal. See the next page to learn how to appeal.

If you have special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

If you have medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send your medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

We made our decisions based on these rules: 42 CFR 435.119, 435.603.



Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.

If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

If you have an urgent health care need, you can ask for an expedited (faster) appeal to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for an appeal, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). Or, go to **medicaid.state.gov** to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by February 8, 20XX.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

We will decide your appeal within 90 days of your request. If you have any questions, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





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Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 20XX
Letter date: November 5, 20XX
Letter number: 34567

Why you are getting this letter

Good news for you! You qualify for Medicaid health coverage. Your coverage starts on January 1, 20XX.

We got your application from the Health Insurance Marketplace. They thought you qualified for Medicaid health coverage, and we decided that you do.

Using your health coverage

You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you a Medicaid card. Until you get your card, you can get health services using your Medicaid ID number: 123456789.

We will also send you information about choosing a health plan, which you will need to do in the next 30 days. Once you join a plan, you will need to use the plan's health care providers. To learn more about your plan choices and providers now, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Health services and costs

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How we made our decisions and information about other programs

How you qualify for Medicaid

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Because you qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Because you qualify for Medicaid, you will get coverage without needing to buy health insurance. This means you do not get help paying for health insurance through the Health Insurance Marketplace. Medicaid offers many services at low or no cost to you.

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- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
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If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

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If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

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A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

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Mary Smith
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Health coverage application date: November 1, 20XX
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Why you are getting this letter

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We got your application from the Health Insurance Marketplace (Marketplace). They did not think you qualified for Medicaid health coverage, but you asked for our review. We decided that you do qualify.

If you have Marketplace health coverage

If you have Marketplace health coverage with financial help (premium tax credits), you should cancel it. If you don't cancel your financial help, you may have to pay it back. To cancel your financial help, call the Marketplace Call Center at **1-800-318-2596** (TTY: 1-855-889-4325). Or go to **healthcare.gov/medicaid-chip/cancelling-marketplace-plan**.

Because you qualify for Medicaid, you no longer qualify for financial help through the Marketplace. Medicaid offers many services at low or no cost to you. If you want Marketplace health coverage, you will have to pay full price.

Using your Medicaid health coverage

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State Medicaid Agency
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Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 20XX
Letter date: November 5, 20XX
Letter number: 34567

Why you are getting this letter

We reviewed your application for Medicaid health coverage. What you told us about your income does not match our records. We need more information.

Please give us proof of your income by November 15, 20XX

Give 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

Please keep your original document and give us a copy. Please write your letter number (34567) on the copy before you give it to us.

If you do not have one of these documents, read the list that came with this letter. It has other documents you can use. If you need help, please call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Four ways you can give us a copy of your document

1. **Online.** Go to **medicaid.state.gov** and follow the website directions to upload a copy.
2. **By fax.** Fax a copy to us at **1-800-XXX-XXXX**.
3. **By mail.** Send a copy to us at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.
4. **In person.** Bring a copy to us on the 4th floor at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

If you do not give us proof of your income, we cannot finish reviewing your application for health coverage, and **your application will be denied.**

Sincerely,
State Medicaid Agency
321 Any Road
Any City, Any State 00100

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 20XX
Letter date: November 5, 20XX
Letter number: 34567

Why you are getting this letter

There are two important pieces of news for you in this letter:

1. For now, you have Medicaid health coverage.
2. But, you need to give us more information to keep your coverage.

For now, you have Medicaid health coverage

Your health coverage started on November 1, 20XX and you can use it right away. You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you a Medicaid card. Until you get your card, you can get health services using your Medicaid ID number: 123456789.

You can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. You do not have to pay a premium (a monthly cost) for your health coverage. You do have co-payments for some health services. There are different co-payments for different health services. But, there is a limit to your costs each month. How much you pay for co-payments and the limit to your monthly costs both depend on your income. We will send you more information on health services, co-payments, and the monthly limit. To learn more now, go to **medicaid.state.gov**.

But, you need to give us more information to keep your coverage

What you told us about your citizenship does not match our records. **Please give us proof of your citizenship by February 8, 20XX, or your health coverage will end.**

Please give us a copy of one of these documents:

- » Your United States passport
- » Your citizenship or naturalization certificate
- » Papers that show you are a member of a tribe
- » Your birth certificate and driver's license

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."



Please keep your original document and give us a copy. Please write your letter number (34567) on the copy before you give it to us.

If you do not have one of these documents, read the list that came with this letter. It has other documents you can use. If you need help, please call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Four ways you can give us a copy of your document

1. **Online.** Go to **medicaid.state.gov** and follow the website directions to upload a copy.
2. **By fax.** Fax a copy to us at **1-800-XXX-XXXX**.
3. **By mail.** Send a copy to us at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.
4. **In person.** Bring a copy to us on the 4th floor at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

Remember, your health coverage will end on February 8, 20XX if you do not give us proof of your citizenship.



How we made our decisions and information about other programs

How you qualify for Medicaid

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$957 each month. Since your monthly income is below the Medicaid income limit, you qualify based on your income. But, what you told us about your citizenship does not match our records. You still need to give us proof of your citizenship to keep your health coverage.

Because you qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Because you qualify for Medicaid, you get coverage without needing to buy health insurance. This means you do not get help paying for health insurance through the Health Insurance Marketplace. Medicaid offers many services at low or no cost to you.

If you have special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

If you have medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send your medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We made our decisions based on these rules: 42 CFR 435.119, 435.603.

We will keep your information secure and private.



Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 20XX
Letter date: November 5, 20XX
Letter number: 34567

Why you are getting this letter

We reviewed your application. We decided that you **do not** qualify for Medicaid health coverage. To learn more, read the “How we made our Medicaid decision” section below.

You might still be able to get health coverage—and help paying for it—through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter. To learn more, read the “Complete your Marketplace application” section below.

What is the Health Insurance Marketplace?

You can use the Marketplace to shop for and buy affordable private health insurance online, over the phone, or with in-person help. There is financial help available for people who qualify.

How we made our Medicaid decision

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$1,915 each month. The Medicaid income limit for your household size is \$1,273 each month. Since your monthly income is above the limit, you do not qualify for Medicaid health coverage. If you think we made a mistake, you can appeal. To learn more, read the “If you think we made a mistake” section in this letter.

We made our decisions based on these rules: 42 CFR 435.119, 435.603.

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. **Wait for the letter from the Marketplace.** The Marketplace is starting a health insurance application for you. The letter will tell you how to complete your application with them.

Or

2. **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). You will need to:
 - » Create a Marketplace user account online or with a Call Center Representative if you don't have one.
 - » Have this 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, if this applies.



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

After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial assistance to help pay for it.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and reapply. If otherwise eligible, you can enroll in Marketplace health coverage during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment when you submit your application for coverage, you will have to wait until the next Open Enrollment Period, unless you have a life event that makes you eligible for a Special Enrollment Period. Examples of qualifying life events include getting married, having a baby, or losing Medicaid or other health coverage. You usually have up to 60 days after the date of the life change to apply for coverage and qualify for a Special Enrollment Period.

If you have special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs. Medicaid health coverage offers more health services and lower costs. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."



If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

If you have an urgent health care need, you can ask for an expedited (faster) appeal to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for an appeal, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). Or, go to **medicaid.state.gov** to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by February 8, 20XX.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

We will decide your appeal within 90 days of your request. If you have any questions, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 20XX
Letter date: November 5, 20XX
Letter number: 34567

Why you are getting this letter

We got your application from the Health Insurance Marketplace (Marketplace). They did not think you qualified for Medicaid, but you asked for our review. We reviewed your application. We decided that you **do not** qualify for Medicaid health coverage. To learn more, read the “How we made our Medicaid decision” section below.

You still qualify for health coverage—and help paying for it—through the Marketplace. Be sure to read the letter they sent you. You can also call them at **1-800-318-2596** (TTY: 1-855- 889-4325) or go to **HealthCare.gov** to learn more.

How we made our Medicaid decision

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$1,915 each month. The Medicaid income limit for your household size is \$1,273 each month. Since your monthly income is above the limit, you do not qualify for Medicaid health coverage. If you think we made a mistake, you can appeal. To learn more, read the “If you think we made a mistake” section in this letter.

We made our decisions based on these rules: 42 CFR 435.119, 435.603.

If you have special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs. Medicaid health coverage offers more health services and lower costs. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click “Account Setup.”



If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

If you have an urgent health care need, you can ask for an expedited (faster) appeal to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for an appeal, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). Or, go to **medicaid.state.gov** to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by February 8, 20XX.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

We will decide your appeal within 90 days of your request. If you have any questions, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 20XX
Letter date: January 5, 20XX
Letter number: 34567

News for you and your family

Our records show that you applied for health coverage for you, Annie, Amy, and Kate on January 1, 20XX.

Good news for Annie, Amy, and Kate

They qualify for Medicaid health coverage. Please read the rest of this letter to learn more.

Update for you

We are still working to see what health coverage you qualify for. You might be able to get health coverage—and help paying for it—through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter. To learn more, read the “Complete your Marketplace application” section below.

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. **Wait for the letter from the Marketplace.**

The Marketplace is starting a health insurance application for you. The letter will tell you how to complete your application with them.

Or

2. **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). You will need to:

- » Create a Marketplace user account online or with a Call Center Representative if you don't have one.
- » Have this 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, if this applies.

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

After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial assistance to help pay for it.

What is the Health Insurance Marketplace?

You can use the Marketplace to shop for and buy affordable private health insurance online, over the phone, or with in-person help. There is financial help available for people who qualify.



The Marketplace will also tell you whether you can get health coverage now or if you have to wait and reapply. If otherwise eligible, you can enroll in Marketplace health coverage during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment when you submit your application for coverage, you will have to wait until the next Open Enrollment Period, unless you have a life event that makes you eligible for a Special Enrollment Period. Examples of qualifying life events include getting married, having a baby, or losing Medicaid or other health coverage. You usually have up to 60 days after the date of the life change to apply for coverage and qualify for a Special Enrollment Period.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 20XX
Letter date: January 5, 20XX
Letter number: 34567

Why you are getting this letter

Good news for Annie, Amy, and Kate! They qualify for Medicaid health coverage. Their coverage started on January 1, 20XX.

Using your health coverage

Annie, Amy, and Kate can start using their health coverage right away! They can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you their Medicaid cards. Until you get their cards, they can use their Medicaid ID numbers to get health services. Their Medicaid ID numbers are:

- » Annie Smith: 123456789
- » Amy Smith: 987654321
- » Kate Smith: 243564798

We will also send you information about choosing a health plan for them, which you will need to do in the next 30 days. Once they join a plan, they will need to use the plan's health care providers. To learn more about plan choices and providers now, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Your Secure User Account

Medicaid.state.gov keeps all important information about your family's application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."

Health services and costs

Annie, Amy, and Kate can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. They can also get dentist visits and any health services that their doctors say they need. You do not have to pay a premium (a monthly cost) for their health coverage or co-payments when they get health services. Their health plan will send you more information. To learn more now, go to **medicaid.state.gov**.

You must report changes

You must report any changes that might affect health coverage for Annie, Amy, and Kate. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Renewing your health coverage

You need to renew health coverage for Annie, Amy, and Kate every year. We will send you a letter when it is time to renew.



How we made our decisions and information about other programs

How Annie, Amy, and Kate qualify for Medicaid

We counted their household size and income based on what you told us on your application and information we got from other data sources.

We found that their household size is 4 people and their household income is \$3,434 each month. Since their monthly household income is below the Medicaid income limit for children, Annie, Amy, and Kate qualify.

Because Annie, Amy, and Kate qualify for Medicaid, they get coverage without you needing to buy health insurance for them. This means you do not get help paying for their health insurance through the Marketplace. Medicaid offers many services at low or no cost to you.

Because Annie, Amy, and Kate qualify for Medicaid, they may also qualify for other assistance, like help buying food. To learn more, call **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

If Annie, Amy, or Kate has special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

If Annie, Amy, or Kate have medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send your medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

We made our decisions based on these rules: 42 CFR 435.118, 435.603.



If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

If you have an urgent health care need, you can ask for an expedited (faster) appeal to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for an appeal, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). Or, go to **medicaid.state.gov** to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by April 10, 20XX.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

We will decide your appeal within 90 days of your request. If you have any questions, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 20XX
Letter date: January 5, 20XX
Letter number: 34567

News for you and your family

You applied for health coverage for you, Annie, Amy, and Kate on January 1, 20XX through the Health Insurance Marketplace (Marketplace). We got your application from the Marketplace.

Good news for Annie, Amy, and Kate

They qualify for Medicaid health coverage. The Marketplace thought they qualified, and we decided that they do.

Please read the rest of this letter to learn more.

Update for you

You still qualify for health coverage—and help paying for it—through the Marketplace. Be sure to read the letter they sent you. You can also call them at **1-800-318-2596** (TTY: 1-855- 889-4325) or go to **HealthCare.gov** to learn more.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 20XX
Letter date: January 5, 20XX
Letter number: 34567

Why you are getting this letter

Good news for Annie, Amy, and Kate! They qualify for Medicaid health coverage. Their coverage started on January 1, 20XX.

Using your health coverage

Annie, Amy, and Kate can start using their health coverage right away! They can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you their Medicaid cards. Until you get their cards, they can use their Medicaid ID numbers to get health services. Their Medicaid ID numbers are:

- » Annie Smith: 123456789
- » Amy Smith: 987654321
- » Kate Smith: 243564798

We will also send you information about choosing a health plan for them, which you will need to do in the next 30 days. Once they join a plan, they will need to use the plan's health care providers. To learn more about plan choices and providers now, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Your Secure User Account

Medicaid.state.gov keeps all important information about your family's application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."

Health services and costs

Annie, Amy, and Kate can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. They can also get dentist visits and any health services that their doctors say they need. You do not have to pay a premium (a monthly cost) for their health coverage or co-payments when they get health services. Their health plan will send you more information. To learn more now, go to **medicaid.state.gov**.

You must report changes

You must report any changes that might affect health coverage for Annie, Amy, and Kate. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Renewing your health coverage

You need to renew health coverage for Annie, Amy, and Kate every year. We will send you a letter when it is time to renew.



How we made our decisions and information about other programs

How Annie, Amy, and Kate qualify for Medicaid

We counted their household size and income based on what you told us on your application and information we got from other data sources.

We found that their household size is 4 people and their household income is \$3,434 each month. Since their monthly household income is below the Medicaid income limit for children, Annie, Amy, and Kate qualify.

Because Annie, Amy, and Kate qualify for Medicaid, they get coverage without you needing to buy health insurance for them. This means you do not get help paying for their health insurance through the Marketplace. Medicaid offers many services at low or no cost to you.

Because Annie, Amy, and Kate qualify for Medicaid, they may also qualify for other assistance, like help buying food. To learn more, call **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

If Annie, Amy, or Kate has special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

If Annie, Amy, or Kate have medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send your medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

We made our decisions based on these rules: 42 CFR 435.118, 435.603.



If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

If you have an urgent health care need, you can ask for an expedited (faster) appeal to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for an appeal, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). Or, go to **medicaid.state.gov** to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by April 10, 20XX.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

We will decide your appeal within 90 days of your request. If you have any questions, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 20XX
Letter date: January 5, 20XX
Letter number: 34567

News for you and your family

Our records show that you applied for health coverage for you, Alice, and Stacie on January 1, 20XX.

Good news for Alice and Stacie

They qualify for CHIP health coverage. Please read the rest of this letter to learn more.

Update for you

We are still working to see what health coverage you qualify for. You might be able to get health coverage—and help paying for it—through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter. To learn more, read the “Complete your Marketplace application” section below.

What is the Health Insurance Marketplace?

You can use the Marketplace to shop for and buy affordable private health insurance online, over the phone, or with in-person help. There is financial help available for people who qualify.

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. **Wait for the letter from the Marketplace.** The Marketplace is starting a health insurance application for you. The letter will tell you how to complete your application with them.

Or

2. **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). You will need to:
 - » Create a Marketplace user account online or with a Call Center Representative if you don't have one.
 - » Have this 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, if this applies.

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

After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial assistance to help pay for it.



Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **chip.state.gov**. You can also find out how to meet with someone in person.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and reapply. If otherwise eligible, you can enroll in Marketplace health coverage during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment when you submit your application for coverage, you will have to wait until the next Open Enrollment Period, unless you have a life event that makes you eligible for a Special Enrollment Period. Examples of qualifying life events include getting married, having a baby, or losing Medicaid or other health coverage. You usually have up to 60 days after the date of the life change to apply for coverage and qualify for a Special Enrollment Period.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 20XX
Letter date: January 5, 20XX
Letter number: 34567

Why you are getting this letter

Good news for Alice and Stacie! They qualify for CHIP health coverage. Their coverage will start on February 1, 20XX, as long as you:

1. Pay their premium

The total premium (monthly cost) for health coverage for Alice and Stacie is \$50. We will send you a bill with payment instructions.

AND

2. Choose a health plan for them

We will send you information about choosing a health plan for Alice and Stacie. To learn more about plan choices now, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **chip.state.gov**.

Your Secure User Account

Chip.state.gov keeps all important information about your application and Alice and Stacie's health coverage. You can choose to get letters like this online.

To create an account, go to **chip.state.gov** and click "Account Setup."

Remember, Alice and Stacie's health coverage will not start until you pay their premium and choose a health plan for them. Watch for more letters with instructions and due dates.

Health services and costs

Alice and Stacie can get many health services through CHIP, like doctor's visits, dentist visits, hospital care, prescriptions, and much more. You do have co-payments for some of their health services. There are different co-payments for different health services. You also have to continue to pay a premium for their health coverage. But, there is a limit to your costs each month. You will not have to pay more than \$1,953 (5% of your income) for their health care in the next 12 months. How much you pay for your premium and co-payments and the limit for your monthly costs all depend on your income. If you think we made a mistake on your household size or income, and want to see if you qualify to pay less, you can ask for a review. See the last page to learn more. Their health plan will send you more information about health services and costs. To learn more now, go to **chip.state.gov**.



Please report changes

Report any changes that might affect health coverage for Alice and Stacie. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **chip.state.gov**.

Renewing their health coverage

You need to renew health coverage for Alice and Stacie every year. We will send you a letter when it is time to renew.



How we made our decisions and information about other programs

How Alice and Stacie qualify for CHIP

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 3 people and your income is \$3,255 each month. Since your monthly income is below the CHIP income limit, Alice and Stacie qualify.

Because Alice and Stacie qualify for CHIP, they may also qualify for other assistance, like help buying food. To learn more, call **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Because Alice and Stacie qualify for CHIP, they get coverage without needing to buy health insurance. This means they do not get help paying for health insurance through the Marketplace. CHIP offers many services at low or no cost to them.

We do not think Alice and Stacie qualify for Medicaid

Medicaid is a health coverage program for people with lower incomes. The Medicaid income limit for children for your household size is \$2,164 each month. Since your income is above the limit, we do not think Alice and Stacie qualify for Medicaid health coverage. But only the State Medicaid Agency can decide if they qualify. Medicaid health coverage offers more health services and lower costs. If you would like to see for certain if they qualify, you can ask for a review. See the next page to learn more.

If Alice or Stacie has special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs, like:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

We made our decisions based on these rules: 42 CFR 435.603, 457.310, 457.315.



If you think we made a mistake

You can ask for a review of our decisions about health coverage. You have until February 8, 20XX to ask for a review of our decisions.

If you have an urgent health care need, you can ask for an expedited (faster) review to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for a review:

- » Call us at **1-800-XXX-XXXX** (TTY:1-800-XXX-XXXX).
- » Go to **chip.state.gov**.
- » Send us a fax at **1-800-XXX-XXXX**.
- » Email us at **info@chip.state.gov**.

If you ask for a review of whether a person qualifies for Medicaid, we will send your application to the State Medicaid Agency. They will send you a letter to let you know if the person qualifies.

Sincerely,

State CHIP
456 Any Drive
Any City, Any State 00101

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 20XX
Letter date: January 5, 20XX
Letter number: 34567

Why you are getting this letter

Good news for you, Penny, and Anne Marie! You qualify for Medicaid health coverage. Your coverage started on January 1, 20XX.

Using your health coverage

You, Penny, and Anne Marie can start using your health coverage right away! You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you your Medicaid cards. Until you get your cards, you can use your Medicaid ID numbers to get health services.

Your Medicaid ID numbers are:

- » Mary Smith: 123456789
- » Penny Smith: 987654321
- » Anne Marie Smith: 243564798

We will also send you information about choosing health plans, which you will need to do in the next 30 days. Once you join a plan, you will need to use the plan's health care providers. To learn more about plan choices and providers now, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Your Secure User Account

Medicaid.state.gov keeps all important information about your family's application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."

Health services and costs

You, Penny, and Anne Marie can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. Children can also get dentist visits and any health services that their doctors say they need.

You do not have to pay a premium (a monthly cost) for Medicaid health coverage. Also, you do not have to pay co-payments for children's health services. You do have co-payments for some adult health services. There are different co-payments for different health services. But, there is a limit to your costs each month. How much you pay for co-payments and the limit to your monthly costs both depend on your income. If you think we made a mistake on your household size or income, and want to see if you qualify to pay less, you can appeal. See the last page to learn more. We will send you more information about your co-payments and monthly limit. Your health plans will also send you more information about health services and co-payments. To learn more now, go to **medicaid.state.gov**.



You must report changes

You must report any changes that might affect health coverage for you, Penny, and Anne Marie. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

Renewing your health coverage

You need to renew health coverage for you, Penny, and Anne Marie every year. We will send you a letter when it is time to renew.



How we made our decisions and information about other programs

How you, Penny, and Anne Marie qualify for Medicaid

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 3 people and your income is \$1,221 each month. Since your monthly income is below the Medicaid income limits, you, Penny, and Anne Marie qualify.

Because you, Penny, and Anne Marie qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Because you, Penny, and Anne Marie qualify for Medicaid, you will get coverage without needing to buy health insurance. This means you do not get help paying for health insurance through the Health Insurance Marketplace. Medicaid offers many services at low or no cost to you.

If you, Penny, or Anne Marie has special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

If you, Penny, or Anne Marie has medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send your medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

We made our decisions based on these rules: 42 CFR 435.110, 435.118, 435.603.



If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

If you have an urgent health care need, you can ask for an expedited (faster) appeal to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for an appeal, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). Or, go to **medicaid.state.gov** to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by April 10, 20XX.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

We will decide your appeal within 90 days of your request. If you have any questions, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 20XX
Letter date: November 5, 20XX
Letter number: 34567

Why you are getting this letter

We reviewed your application. We decided that Timothy **does not** qualify for CHIP health coverage. To learn more, read the “How we made our CHIP decision” section below.

He might still be able to get health coverage—and help paying for it—through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter. To learn more, read the “Complete your Marketplace application” section below.

What is the Health Insurance Marketplace?

You can use the Marketplace to shop for and buy affordable private health insurance online, over the phone, or with in-person help. There is financial help available for people who qualify.

How we made our CHIP decision

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 3 people and your income is \$3,878 each month. The CHIP income limit for your household size is \$2,585 each month. Since your monthly income is above the limit, Timothy does not qualify for CHIP health coverage. If you think we made a mistake, you can ask for a review. To learn more, read the “If you think we made a mistake” section in this letter.

We made our decisions based on these rules: 42 CFR 457.310, 457.315.

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. **Wait for the letter from the Marketplace.** The Marketplace is starting a health insurance application for you. The letter will tell you how to complete your application with them.

Or

2. **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). You will need to:
 - » Create a Marketplace user account online or with a Call Center Representative if you don't have one.
 - » Have this 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, if this applies.



Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **chip.state.gov**. You can also find out how to meet with someone in person.

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

After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial assistance to help pay for it.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and reapply. If otherwise eligible, you can enroll in Marketplace health coverage during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment when you submit your application for coverage, you will have to wait until the next Open Enrollment Period, unless you have a life event that makes you eligible for a Special Enrollment Period. Examples of qualifying life events include getting married, having a baby, or losing Medicaid or other health coverage. You usually have up to 60 days after the date of the life change to apply for coverage and qualify for a Special Enrollment Period.

We do not think Timothy qualifies for Medicaid

Medicaid is a health coverage program for people with lower incomes. The Medicaid income limit for children for your household size is \$1,719 each month. Since your income is above the limit, we do not think Timothy qualifies for Medicaid health coverage. But only the State Medicaid Agency can decide if he qualifies. Medicaid health coverage offers more health services and lower costs. If you would like to see for certain if he qualifies, you can ask for a review. See the next page to learn more.

If Timothy has special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs, like:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long-term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**. If the person has health coverage, he or she can keep it while we look at the information.

Your Secure User Account

Chip.state.gov keeps all important information about your application and Timothy's health coverage. You can choose to get letters like this online.

To create an account, go to **chip.state.gov** and click "Account Setup."



If you think we made a mistake

You can ask for a review of our decisions about health coverage. You have until February 8, 20XX to ask for a review of our decisions.

If you have an urgent health care need, you can ask for an expedited (faster) review to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for a review:

- » Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).
- » Go to **chip.state.gov**.
- » Send us a fax at **1-800-XXX-XXXX**.
- » Email us at **info@chip.state.gov**.

If you ask for a review of whether a person qualifies for Medicaid, we will send your application to the State Medicaid Agency. They will send you a letter to let you know if the person qualifies.

Sincerely,

State CHIP
456 Any Drive
Any City, Any State 00101

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al **1-800-XXX-XXXX** (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 20XX
Letter date: November 5, 20XX
Letter number: 34567

Why you are getting this letter

You qualify for limited Medicaid health coverage. This means you only get health coverage if you have an emergency. Your coverage starts January 1, 20XX. To learn more, read the “How we made our Medicaid decision” section below.

You also might be able to get more health coverage—and help paying for it—through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter. To learn more, read the “Complete your Marketplace application” section below.

What is the Health Insurance Marketplace?

You can use the Marketplace to shop for and buy affordable private health insurance online, over the phone, or with in-person help. There is financial help available for people who qualify.

Using your health coverage

Your health coverage is only for emergencies, including labor and delivery if you are pregnant. It is not full Medicaid health coverage and does not cover preventive or non-emergency care. We will send you a Medicaid card. Until you get your card, you can use your Medicaid ID number: 123456789. To learn more, go to **medicaid.state.gov**.

How we made our Medicaid decision

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$957 each month. Since your monthly income is below the Medicaid income limit, you qualify based on income. But, our records show that you have not had qualifying immigration status for five years or more. So you only qualify for limited Medicaid health coverage.

To get full Medicaid health coverage, you must:

- » Be a citizen of the United States, or
- » Have qualifying immigration status for five years or more.

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click “Account Setup.”

To learn more, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX) or go to **medicaid.state.gov**.

We made our decisions based on these rules: 42 CFR 435.119, 435.406, 435.603.



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. **Wait for the letter from the Marketplace.** The Marketplace is starting a health insurance application for you. The letter will tell you how to complete your application with them.

Or

2. **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). You will need to:
 - » Create a Marketplace user account online or with a Call Center Representative if you don't have one.
 - » Have this 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, if this applies.

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

After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial assistance to help pay for it.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and reapply. If otherwise eligible, you can enroll in Marketplace health coverage during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment when you submit your application for coverage, you will have to wait until the next Open Enrollment Period, unless you have a life event that makes you eligible for a Special Enrollment Period. Examples of qualifying life events include getting married, having a baby, or losing Medicaid or other health coverage. You usually have up to 60 days after the date of the life change to apply for coverage and qualify for a Special Enrollment Period.



If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

If you have an urgent health care need, you can ask for an expedited (faster) appeal to hear from us sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

To ask for an appeal, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). Or, go to **medicaid.state.gov** to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by February 8, 20XX.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

We will decide your appeal within 90 days of your request. If you have any questions, call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.

