

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

The Coverage Learning Collaborative Notices Project team (CMCS, Manatt Health Solutions, and Maximus Center for Health Literacy) developed notice templates framework to organize the notice construction. Each template represents a different eligibility determination scenario – described at the top of the template – and identifies applicable key messages based on the codes from *Tool #2: Key Messages Menu Set*. As in the Tool #2, the content in **red and bold** under the “Content Description” heading indicates information legally required by federal statute and final and proposed regulations.

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

- Ensuring appropriate white space to enhance consumer literacy
- Using simple, familiar fonts
- Using emphasis, such as “bold” or “large print” strategically
- Using colors or icons to aid in navigation

The *State Toolkit Guide* presentation includes a more detailed review of these lessons learned and tips.

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

1. Adult Eligible for Medicaid

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the State Medicaid Agency (SMA). SMA determines the individual eligible for Medicaid under MAGI rules for the new adult (Section VIII) group. State has different Alternative Benefit Plan (ABP) benefit packages. State utilizes Medicaid managed care and imposes co-pays for services.

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

Model Content

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services Availability of ADA/504 compliant aids and language services 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information 	F.15
Date of Application	<ul style="list-style-type: none"> Date of application 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.6
Notice Rationale		G.1.a
Eligibility Determination – Individual: Eligible for Medicaid	<ul style="list-style-type: none"> Decision on application 	B.1.a
Coverage Effective Date – Individual/All Family Members: Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application). 	B.11.a
Individual: Benefit Card and Plan Selection Information and		G.12

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Notice Segment	Content Description	Key Message Code
Instructions (Medicaid)		
Benefits – Individual: Medicaid Benefit Card	<ul style="list-style-type: none"> Notification that consumer will receive Medicaid benefit card and may use it immediately to access benefits Instructions for card usage. 	D.6.e
Plan Selection/Enrollment – Individual: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> Instructions for plan selection <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim. 	D.2.a
Services and Cost Sharing Information and Instructions (Medicaid/CHIP)		G.14
Benefits - Individual: Medicaid benefits	<ul style="list-style-type: none"> Services that benefit plan covers. Population specific benefit language, e.g., EPSDT. Contact information for consumer to receive more information about benefit plan package. 	D.6.a
Cost Sharing Obligations/Assistance -Individual: Medicaid premium information	<ul style="list-style-type: none"> Consumer premium obligations. Contact information for consumer to receive more information on premiums. 	D.1.a
Cost Sharing Obligations/Assistance - Individual: Medicaid co-pay information	<ul style="list-style-type: none"> Consumer co-payment obligations. Contact information for consumer to receive more information on co-payments. 	D.1.b
Change Reporting		G.17.a
Obligation to Report Changes – Individual: Medicaid/CHIP	<ul style="list-style-type: none"> Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status). Instructions for reporting changes. 	D.3.a
Renewal		G.19
Annual Renewal - Individual: Medicaid/CHIP	<ul style="list-style-type: none"> Notification of required renewal of Medicaid eligibility on annual basis. Expectation for additional information at renewal time. 	D.5.a
Basis for Eligibility Determination and Other Programs (Approval)		G.21

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
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Notice Segment	Content Description	Key Message Code
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> Possible eligibility for other public benefits. Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility Determination - Basis for Eligibility for Medicaid		G.23
Basis for Medicaid Eligibility - Individual: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> Basis of eligibility determination 	B.2.a
Individual: Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> Ineligibility for APTC due to minimum essential coverage 	B.1.g
Opportunity for More Health Services		G.24
Alternative Benefit Plan (ABP) AFDC Exemption		G.25
Opportunity to be exempt from mandatory enrollment in ABP due to 1931 eligibility	<ul style="list-style-type: none"> Opportunity for exemption from mandatory enrollment in ABP due to eligibility as parent/caretaker under 1931 (if applicable) 	B.14
Non-MAGI/ABP Exemptions		G.26
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. Instructions for pursuing non-MAGI determination. Opportunity for exemption from mandatory enrollment in ABP (if applicable). 	B.13.a
Past Medical Bills		G.29
Assistance with Past Medical Bills	<ul style="list-style-type: none"> Financial assistance for three months retroactive coverage. Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> Citation to or identification of specific regulations supporting action. 	F.11
Appeals		G.32

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
 Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> ▪ Consumer right to appeal and reasons consumer may want to pursue an appeal. 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> ▪ Instructions to appeal, access additional information about appeals ▪ Appeal deadline 	E.1.b
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25

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2. Adult Eligible for Medicaid

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the Federally Facilitated Marketplace-Assessment model (FFM-A). FFM-A assesses individual eligible for Medicaid under MAGI rules. FFM-A transfers application to the SMA. SMA determines individual eligible for the new adult (Section VIII) group. State has different Alternative Benefit Plan (ABP) benefit packages. State utilizes Medicaid managed care and imposes co-pays for services.

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

Model Content

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

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Notice Segment	Content Description	Key Message Code
Received from Marketplace	<ul style="list-style-type: none"> ▪ Explanation that IAP application was transferred from the Marketplace 	B.12.a
Individual: Assessed Eligible for Medicaid; Determined Eligible for Medicaid	<ul style="list-style-type: none"> ▪ Decision on application 	B.10.a
Individual: Benefit Card and Plan Selection Information and Instructions (Medicaid)		G.12
Benefits – Individual: Medicaid Benefit Card	<ul style="list-style-type: none"> ▪ Notification that consumer will receive Medicaid benefit card and may use it immediately to access benefits ▪ Instructions for card usage. 	D.6.e
Plan Selection/Enrollment – Individual: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> ▪ Instructions for plan selection ▪ <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim. 	D.2.a
Services and Cost Sharing Information and Instructions (Medicaid/CHIP)		G.14
Benefits - Individual: Medicaid benefits	<ul style="list-style-type: none"> ▪ Services that benefit plan covers. ▪ Population specific benefit language, e.g., EPSDT. ▪ Contact information for consumer to receive more information about benefit plan package. 	D.6.a
Cost Sharing Obligations/Assistance -Individual: Medicaid premium information	<ul style="list-style-type: none"> ▪ Consumer premium obligations. ▪ Contact information for consumer to receive more information on premiums. 	D.1.a
Cost Sharing Obligations/Assistance - Individual: Medicaid co-pay information	<ul style="list-style-type: none"> ▪ Consumer co-payment obligations. ▪ Contact information for consumer to receive more information on co-payments. 	D.1.b
Change Reporting		G.17.a
Obligation to Report Changes – Individual: Medicaid/CHIP	<ul style="list-style-type: none"> ▪ Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status). 	D.3.a

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Notice Segment	Content Description	Key Message Code
	<ul style="list-style-type: none"> Instructions for reporting changes. 	
Renewal		G.19
Annual Renewal - Individual: Medicaid/CHIP	<ul style="list-style-type: none"> Notification of required renewal of Medicaid eligibility on annual basis. Expectation for additional information at renewal time. 	D.5.a
Basis for Eligibility Determination and Other Programs (Approval)		G.21
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> Possible eligibility for other public benefits. Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility Determination - Basis for Eligibility for Medicaid		G.23
Basis for Medicaid Eligibility - Individual: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> Basis of eligibility determination 	B.2.a
Individual: Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> Ineligibility for APTC due to minimum essential coverage 	B.1.g
Opportunity for More Health Services		G.24
Alternative Benefit Plan (ABP) AFDC Exemption		G.25
Opportunity to be exempt from mandatory enrollment in ABP due to 1931 eligibility	<ul style="list-style-type: none"> Opportunity for exemption from mandatory enrollment in ABP due to eligibility as parent/caretaker under 1931 (if applicable) 	B.14
Non-MAGI/ABP Exemptions		G.26
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. Instructions for pursuing non-MAGI determination. Opportunity for exemption from mandatory enrollment in ABP (if applicable). 	B.13.a

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Notice Segment	Content Description	Key Message Code
Past Medical Bills		G.29
Assistance with Past Medical Bills	<ul style="list-style-type: none"> Financial assistance for three months retroactive coverage. Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> Citation to or identification of specific regulations supporting action. 	F.11
Appeals		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> Consumer right to appeal and reasons consumer may want to pursue an appeal. 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> Instructions to appeal, access additional information about appeals Appeal deadline 	E.1.b
Signature	<ul style="list-style-type: none"> Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> Privacy/disclosure statement 	F.25

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3. Adult Eligible for Medicaid

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the Federally Facilitated Marketplace-Assessment model (FFM-A). FFM-A assesses individual ineligible for Medicaid under MAGI rules. Individual requests a full Medicaid determination. FFM-A transfers application to the SMA. SMA determines individual eligible for the new adult (Section VIII) group. State has different Alternative Benefit Plan (ABP) benefit packages. State utilizes Medicaid managed care and imposes co-pays for services.

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

Model Content

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

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Received from Marketplace	<ul style="list-style-type: none"> ▪ Explanation that IAP application was transferred from the Marketplace 	B.12.a
Individual: Assessed Ineligible for Medicaid; Determined Eligible for Medicaid	<ul style="list-style-type: none"> ▪ Decision on application 	B.10.d
Individual: Benefit Card and Plan Selection Information and Instructions (Medicaid)		G.12
Benefits – Individual: Medicaid Benefit Card	<ul style="list-style-type: none"> ▪ Notification that consumer will receive Medicaid benefit card and may use it immediately to access benefits ▪ Instructions for card usage. 	D.6.e
Plan Selection/Enrollment – Individual: Instructions for enrollment in Medicaid MCO	<ul style="list-style-type: none"> ▪ Instructions for plan selection ▪ <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. Consumer can access fee-for-service Medicaid in the interim. 	D.2.a
Services and Cost Sharing Information and Instructions (Medicaid/CHIP)		G.14
Benefits - Individual: Medicaid benefits	<ul style="list-style-type: none"> ▪ Services that benefit plan covers. ▪ Population specific benefit language, e.g., EPSDT. ▪ Contact information for consumer to receive more information about benefit plan package. 	D.6.a
Cost Sharing Obligations/Assistance -Individual: Medicaid premium information	<ul style="list-style-type: none"> ▪ Consumer premium obligations. ▪ Contact information for consumer to receive more information on premiums. 	D.1.a
Cost Sharing Obligations/Assistance - Individual: Medicaid co-pay information	<ul style="list-style-type: none"> ▪ Consumer co-payment obligations. ▪ Contact information for consumer to receive more information on co-payments. 	D.1.b
Change Reporting		G.17.a
Obligation to Report Changes – Individual: Medicaid/CHIP	<ul style="list-style-type: none"> ▪ Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status). 	D.3.a

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Notice Segment	Content Description	Key Message Code
	<ul style="list-style-type: none"> ▪ Instructions for reporting changes. 	
Renewal		G.19
Annual Renewal - Individual: Medicaid/CHIP	<ul style="list-style-type: none"> ▪ Notification of required renewal of Medicaid eligibility on annual basis. ▪ Expectation for additional information at renewal time. 	D.5.a
Basis for Eligibility Determination and Other Programs (Approval)		G.21
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> ▪ Possible eligibility for other public benefits. ▪ Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility Determination - Basis for Eligibility for Medicaid		G.23
Basis for Medicaid Eligibility - Individual: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.2.a
APTC discontinuance (when individual assessed Medicaid ineligible by Marketplace and requests Medicaid review)	<ul style="list-style-type: none"> ▪ Notice of discontinuation of APTC/CSR eligibility due to Medicaid eligibility determination 	B.5.h
Opportunity for More Health Services		G.24
Alternative Benefit Plan (ABP) AFDC Exemption		G.25
Opportunity to be exempt from mandatory enrollment in ABP due to 1931 eligibility	<ul style="list-style-type: none"> ▪ Opportunity for exemption from mandatory enrollment in ABP due to eligibility as parent/caretaker under 1931 (if applicable) 	B.14
Non-MAGI/ABP Exemptions		G.26
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from	<ul style="list-style-type: none"> ▪ Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. ▪ Instructions for pursuing non-MAGI determination. 	B.13.a

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Notice Segment	Content Description	Key Message Code
mandatory enrollment in ABP	<ul style="list-style-type: none"> ▪ Opportunity for exemption from mandatory enrollment in ABP (if applicable). 	
Past Medical Bills		G.29
Assistance with Past Medical Bills	<ul style="list-style-type: none"> ▪ Financial assistance for three months retroactive coverage. ▪ Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> ▪ Citation to or identification of specific regulations supporting action. 	F.11
Appeals		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> ▪ Consumer right to appeal and reasons consumer may want to pursue an appeal. 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> ▪ Instructions to appeal, access additional information about appeals ▪ Appeal deadline 	E.1.b
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25

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4. Adult Eligible for Medicaid

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the State Medicaid Agency (SMA). Individual appears eligible for Medicaid under MAGI rules, but there is an inconsistency based on income. SMA requests additional information to complete eligibility determination.

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

Model Content

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services Availability of ADA/504 compliant aids and language services 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information 	F.15
Date of Application	<ul style="list-style-type: none"> Date of application 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Notice Rationale		G.1.a
Request for Additional Information – Inconsistent information and not reasonably compatible: Income	<ul style="list-style-type: none"> Explanation that income information is inconsistent with records. 	A.1.a
Additional Documentation Information: Income	<ul style="list-style-type: none"> Notification that consumer has set number of days to submit documentation in order to be considered for Medicaid eligibility. 	G.5
Resolve Inconsistency through	<ul style="list-style-type: none"> Requirement that consumer must provide acceptable documentation in 	A.2.a

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

5. Adult Eligible for Medicaid

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to State Medicaid Agency (SMA). Individual appears eligible for Medicaid under MAGI (not in new adult group), but there is an inconsistency based on citizenship/immigration status. SMA requests additional information and determines the individual eligible for Medicaid under MAGI during the reasonable opportunity period.

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

Model Content

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

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
	circumstances under which an individual may be exempt.	
How to Send Documentation		G.7
Medicaid	<ul style="list-style-type: none"> ▪ Instructions for submitting documentation. 	A.3.a
Reminder of Temporary Eligibility for Medicaid		G.8
Basis for Medicaid Eligibility - Individual: Basis for eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.2.a
Basis for Eligibility Determination and Other Programs (Approval)		G.21
Individual: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> ▪ Possible eligibility for other public benefits. ▪ Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.12
Basis for Eligibility Determination - Basis for Eligibility for Medicaid		G.23
Basis for eligibility determination for Medicaid – eligible during reasonable opportunity period to resolve citizenship/immigration status	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.2.c
Individual: Eligible for Medicaid; Ineligible for APTC/CSR	<ul style="list-style-type: none"> ▪ Ineligibility for APTC due to minimum essential coverage 	B.1.g
Opportunity for More Health Services		G.24
Non-MAGI/ABP Exemptions		G.26
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> ▪ Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. ▪ Instructions for pursuing non-MAGI determination. ▪ Opportunity for exemption from mandatory enrollment in ABP (if 	B.13.a

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
	applicable).	
Past Medical Bills		G.29
Assistance with Past Medical Bills	<ul style="list-style-type: none"> ▪ Financial assistance for three months retroactive coverage. ▪ Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> ▪ Citation to or identification of specific regulations supporting action. 	F.11
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
 Tool #3: Notices Content Templates

6. Adult Eligible for APTC and Ineligible for Medicaid	
Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to State Medicaid Agency (SMA). Individual is determined ineligible for Medicaid under MAGI.	
Application Entryway	State Medicaid Agency
Application Modality	Online
Household Composition	Individual
Triggering Event	Eligibility Determination for Medicaid
Communication Modality	Online/Paper
Issuing Agency	State Medicaid Agency
Model Content	

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
for eligibility determination for Medicaid (denial)		
Legal Authority (multiple citations)	<ul style="list-style-type: none"> ▪ Citation to or identification of specific regulations supporting action. 	F.11
Non-MAGI/ABP Exemptions		G.26
Opportunity to be screened for non-MAGI (denial for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> ▪ Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. ▪ Instructions for pursuing non-MAGI determination. ▪ Opportunity for exemption from mandatory enrollment in ABP (if applicable). 	B.13.b
Appeals		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> ▪ Consumer right to appeal and reasons consumer may want to pursue an appeal. 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> ▪ Instructions to appeal, access additional information about appeals ▪ Appeal deadline 	E.1.b
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

7. Adult Eligible for APTC and Ineligible for Medicaid

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the Federally Facilitated Marketplace-Assessment model (FFM-A). FFM-A assesses individual ineligible for Medicaid and determines individual eligible for APTC/CSR. Individual requests full Medicaid determination. FFM-A transfers application to SMA. SMA determines individual ineligible for Medicaid under MAGI.

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

Model Content

Notice Segment	Description of Content	Key Message Code
Logo/Letterhead	▪ Agency logo	F.1
Accessibility	▪ Statement indicating availability of language services ▪ Availability of ADA/504 compliant aids and language services	F.8
Accessibility in Spanish	▪ Same as above, but written in Spanish.	F.9
Consumer Assistance	▪ Consumer assistance contact information.	F.16
Date of Application	▪ Date of application	B.16
Date of Notice	▪ Date of notice	F.3
Letter ID Number	▪ Unique notice identifier	F.4
Applicant Name and Address	▪ Applicant contact information	F.2
Account Information		G.18
Account Information/User ID	▪ Information about secure user account	F.5
Notice Rationale		G.1
Received from Marketplace	▪ Explanation that IAP application was transferred from the Marketplace	B.12.a
Individual: Assessed Ineligible for Medicaid; Determined Ineligible for Medicaid	▪ Decision on application	B.10.j
Transfer to State Medicaid Agency from Marketplace; Applicant Eligible	▪ Transfer of application to State Medicaid Agency; determined APTC/CSR eligible, assessed Medicaid ineligible and asked for review of Medicaid	B.12.g

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to State Medicaid Agency (SMA). SMA determines children eligible for Medicaid under MAGI and adults ineligible for Medicaid under MAGI. SMA issues notice that children are eligible for Medicaid and adults are being transferred to the Marketplace for APTC/CSR eligibility determination. The State utilizes a Medicaid managed care model.

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

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Description of Content	Key Message Code
Mixed Coverage Family: Medicaid premium and co-payment information for members of the household who are eligible for Medicaid (no premiums or co-payments)	<ul style="list-style-type: none"> ▪ Consumer premium obligations. ▪ Consumer co-payment obligations. ▪ Contact information for consumer to receive more information on premiums and co-payments. 	D.1.d
Mixed Coverage Family: Medicaid cost-sharing payment and benefits instructions for members of the household (no premiums or co-payments)	<ul style="list-style-type: none"> ▪ Consumer cost-sharing payment and benefits instructions. 	D.1.g
Change Reporting		G.17.a
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> ▪ Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status). ▪ Instructions for reporting changes. 	D.3.a
Renewal (Mixed Coverage Family)		G.20
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> ▪ Notification of required renewal of Medicaid eligibility on annual basis. ▪ Expectation for additional information at renewal time. 	D.5.b
Basis for Eligibility Determination and Other Programs (Approval)		G.21
Mixed Family: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> ▪ Possible eligibility for other public benefits. ▪ Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.13
Basis for Eligibility for Medicaid (Mixed Coverage Family)		G.23.b
Mixed Coverage Family: Basis for children’s eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.2.b
Mixed Coverage Family: Children Eligible for Medicaid; Ineligible for	<ul style="list-style-type: none"> ▪ Ineligibility for APTC due to minimum essential coverage 	B.1.i

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Description of Content	Key Message Code
APTC/CSR		
Non-MAGI/ABP Exemptions (Mixed Coverage Family)		G.27
Opportunity to be screened for non-MAGI (approval for Medicaid based on MAGI) / to be exempt from mandatory enrollment in ABP	<ul style="list-style-type: none"> ▪ Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. ▪ Instructions for pursuing non-MAGI determination. ▪ Opportunity for exemption from mandatory enrollment in ABP (if applicable). 	B.13.a
Past Medical Bills (Mixed Coverage Family)		G.30
Assistance with Past Medical Bills	<ul style="list-style-type: none"> ▪ Financial assistance for three months retroactive coverage. ▪ Contact information for consumer to receive more information about retroactive coverage. 	B.17
Legal Authority (multiple citations)	<ul style="list-style-type: none"> ▪ Citation to or identification of specific regulations supporting action. 	F.11
Appeals		G.32
Right to appeal/fair hearing	<ul style="list-style-type: none"> ▪ Consumer right to appeal and reasons consumer may want to pursue an appeal. 	E.1.a
Instructions for how to appeal	<ul style="list-style-type: none"> ▪ Instructions to appeal, access additional information about appeals ▪ Appeal deadline 	E.1.b
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the Federally Facilitated Marketplace-Assessment model. FFM-A assesses children eligible for Medicaid and adults ineligible for Medicaid, and determines adult eligible for APTC/CSR. Adult withdraws Medicaid application. FFM-A transfers application to SMA. SMA determines children eligible for Medicaid. State utilizes Medicaid managed care.

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

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services Availability of ADA/504 compliant aids and language services 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish. 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information. 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Summary Sheet: Application Date Record		G.9
Summary of Coverage (Mixed Coverage Family Notices): Received Application from Marketplace	<ul style="list-style-type: none"> Application was received from Marketplace 	F.22
Summary Sheet: Eligibility Determination (Approval)		G.10
Summary of Coverage (Mixed Coverage Family Notices): Persons Assessed	<ul style="list-style-type: none"> Application was received from Marketplace where consumer(s) assessed eligible for Medicaid. 	F.23

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
	<ul style="list-style-type: none"> ▪ Contact information for consumers to receive more information about benefit plan package. 	
Mixed Coverage Family: Medicaid premium and co-payment information for members of the household who are eligible for Medicaid (no premiums or co-payments)	<ul style="list-style-type: none"> ▪ Consumer premium obligations. ▪ Consumer co-payment obligations. ▪ Contact information for consumer to receive more information on premiums and co-payments. 	D.1.d
Mixed Coverage Family: Medicaid cost-sharing payment and benefits instructions for members of the household (no premiums or co-payments)	<ul style="list-style-type: none"> ▪ Consumer cost-sharing payment and benefits instructions. 	D.1.g
Change Reporting		G.17.a
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> ▪ Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status). ▪ Instructions for reporting changes. 	D.3.b
Renewal (Mixed Coverage Family)		G.20
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> ▪ Notification of required renewal of Medicaid eligibility on annual basis. ▪ Expectation for additional information at renewal time. 	D.5.b
Basis for Eligibility Determination and Other Programs (Approval)		G.21
Mixed Family: Other Benefit Programs – Medicaid	<ul style="list-style-type: none"> ▪ Possible eligibility for other public benefits. ▪ Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.13
Basis for Eligibility for Medicaid (Mixed Coverage Family)		G.23.b
Mixed Coverage Family: Basis for children’s eligibility determination for Medicaid (approval)	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.2.b
Mixed Coverage Family: Children Eligible	<ul style="list-style-type: none"> ▪ Ineligibility for APTC due to minimum essential coverage 	B.1.i

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
 Tool #3: Notices Content Templates

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application online to the State CHIP Agency (SCA). SCA determines children eligible for CHIP and adults appear eligible for APTC/CSR. SCA transfers application to the Marketplace for adult APTC/CSR eligibility determination. State operates CHIP as a separate program from Medicaid and the CHIP agency does not have authority to make Medicaid determinations. State Medicaid children’s benefit package is more comprehensive than CHIP benefit package. State imposes premiums and co-pays for CHIP services.

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

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services Availability of ADA/504 compliant aids and language services 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish. 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information. 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Summary Sheet: Application Date Record		G.9
Summary of Coverage (Mixed Coverage Family Notices)	<ul style="list-style-type: none"> Record of application date and persons for whom individual applied. 	F.18
Summary Sheet: Eligibility Determination (Approval)		G.10
Summary of Coverage (Mixed Coverage Family Notices): Persons	<ul style="list-style-type: none"> Decision on application Notification that eligibility information and cost sharing obligations are 	F.24

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
Eligible for CHIP	enclosed.	
Individual Eligibility Determination – Denial/Limited Coverage		G.2.c
Summary of Coverage (Mixed Coverage Family Notices): Persons determined Ineligible for Medicaid and Potentially Eligible for Tax Credits	<ul style="list-style-type: none"> ▪ Notification that consumer appears eligible for APTC/CSR and will be hearing from the Marketplace. ▪ Additional information is enclosed. 	F.20
Account Information		G.18
Account Information/User ID	<ul style="list-style-type: none"> ▪ Information about secure user account 	F.5
Reason for Notice		G.1
Mixed Coverage Family: Eligible for CHIP	<ul style="list-style-type: none"> ▪ Decision on application 	B.3.b
Coverage Effective Date – Mixed Coverage Family: CHIP	<ul style="list-style-type: none"> ▪ Coverage effective date (application date/first day of the month of application) pending payment of first premium. 	B.11.e
Premium Payment (CHIP)		G.15
Multiple Children Eligible for CHIP: CHIP premium information	<ul style="list-style-type: none"> ▪ Consumer premium and enrollment fee obligations. ▪ Contact information for consumer to receive more information on premium and enrollment fees. 	D.1.j
Individual: CHIP premium payment instructions	<ul style="list-style-type: none"> ▪ Consumer premium payment instructions. 	D.1.n
Plan Enrollment Instructions (CHIP)		G.16
Plan Selection/Enrollment – Mixed Coverage Family: Instructions for enrollment in CHIP MCO	<ul style="list-style-type: none"> ▪ Instructions for plan selection ▪ <i>State-specific Messaging:</i> Notification that if plan is not selected within specified number of days, consumer will be auto-assigned. 	D.2.g
Services and Cost Sharing Information and Instructions (Medicaid/CHIP)		G.14
Mixed Coverage Family: CHIP	<ul style="list-style-type: none"> ▪ Services that benefit plan covers. ▪ Contact information for consumer to receive more information about benefit plan package. 	D.6.j
Mixed Coverage Family: CHIP co-pay information	<ul style="list-style-type: none"> ▪ Consumer co-payment obligations. ▪ Contact information for consumer to receive more information on co- 	D.1.m

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
	payments.	
Mixed Coverage Family: CHIP premium information	<ul style="list-style-type: none"> ▪ Consumer premium and enrollment fee obligations. ▪ Contact information for consumer to receive more information on premium and enrollment fees. 	D.1.k
Mixed Coverage Family: CHIP cost-sharing payment instructions	<ul style="list-style-type: none"> ▪ Consumer cost-sharing payment instructions. 	D.1.o
Change Reporting		G.17.b
CHIP	<ul style="list-style-type: none"> ▪ Consumer change reporting responsibilities, including circumstances and timeframes in which changes must be reported (e.g., residency, income, household, immigration status). ▪ Instructions for reporting changes. 	D.3.d
Renewal (Mixed Coverage Family)		G.20
Mixed Coverage Family: Medicaid/CHIP	<ul style="list-style-type: none"> ▪ Notification of required renewal of Medicaid eligibility on annual basis. ▪ Expectation for additional information at renewal time. 	D.5.b
Basis for Eligibility Determination and Other Programs (Approval)		G.21
Mixed Family: Other Benefit Programs – CHIP	<ul style="list-style-type: none"> ▪ Possible eligibility for other public benefits. ▪ Contact information for consumer to receive additional information about eligibility for other public benefits. 	F.15
Basis for Eligibility for CHIP (Mixed Coverage Family)		G.23.f
Mixed Coverage Family: Basis for eligibility determination for CHIP (approval)	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.4.c
Mixed Coverage Family: Children Eligible for CHIP; Ineligible for APTC/CSR	<ul style="list-style-type: none"> ▪ Ineligibility for APTC due to minimum essential coverage 	B.3.h
Basis for Ineligible for Medicaid (Mixed Coverage Family)		G.23.i
CHIP Eligible Children in Separate CHIP State: Basis for Screened	<ul style="list-style-type: none"> ▪ Screening for Medicaid 	B.2.j

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
 Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
Ineligible for Medicaid		
Non-MAGI/ABP Exemptions (Mixed Coverage Family)		G.27
Opportunity to be screened for non-MAGI (CHIP)	<ul style="list-style-type: none"> ▪ Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. Instructions for pursuing non-MAGI determination. 	B.13.c
Legal Authority (multiple citations)	<ul style="list-style-type: none"> ▪ Citation to or identification of specific regulations supporting action. 	F.11
Appeals		G.32
Right to review	<ul style="list-style-type: none"> ▪ Consumer right to review. 	E.2.a
Instructions for how to ask for a review - CHIP	<ul style="list-style-type: none"> ▪ Instructions to ask for a review and access additional information about reviews 	E.2.b
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the State Medicaid Agency (SMA). SMA determines children and adult eligible for Medicaid. Adult is eligible under parent/caretaker eligibility category, not as a new adult (Section VIII) group. State utilizes Medicaid managed care model and imposes co-pays for adults.

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

Model Content

Notice Segment	Content Description	Key Message Code
Logo/Letterhead	<ul style="list-style-type: none"> Agency logo 	F.1
Accessibility	<ul style="list-style-type: none"> Statement indicating availability of language services Availability of ADA/504 compliant aids and language services 	F.8
Accessibility in Spanish	<ul style="list-style-type: none"> Same as above, but written in Spanish. 	F.9
Consumer Assistance	<ul style="list-style-type: none"> Consumer assistance contact information. 	F.16
Date of Application	<ul style="list-style-type: none"> Date of application 	B.16
Date of Notice	<ul style="list-style-type: none"> Date of notice 	F.3
Letter ID Number	<ul style="list-style-type: none"> Unique notice identifier 	F.4
Applicant Name and Address	<ul style="list-style-type: none"> Applicant contact information 	F.2
Account Information		G.18
Account Information/User ID	<ul style="list-style-type: none"> Information about secure user account 	F.5
Reason for Notice		
All Family Members: Eligible for Medicaid	<ul style="list-style-type: none"> Decision on application 	B.1.b
Coverage Effective Date – Individual/ All Family Members: Medicaid	<ul style="list-style-type: none"> Coverage effective date (application date/first day of the month of application). 	B.11.a
Individual: Benefit Card and Plan		G.12

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
 Tool #3: Notices Content Templates

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> ▪ Instructions to appeal, access additional information about appeals ▪ Appeal deadline 	E.1.b
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

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

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the State CHIP Agency. SCA determines child ineligible for CHIP and screens child ineligible for Medicaid. SCA transfers application to the Federally Facilitated Marketplace for APTC/CSR eligibility determination. State operates CHIP as a separate program from Medicaid and the CHIP agency does not have authority to make Medicaid determinations.

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

Model Content

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
 Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
Coverage)		
Individual/All Family Members Basis for eligibility determination for CHIP (denial)	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.4.b
Legal Authority (single citation)	<ul style="list-style-type: none"> ▪ Citation to or identification of specific regulation supporting action. 	F.10
Basis for Ineligible for Medicaid		G.23.g
Individual: CHIP Eligible Children in Separate CHIP State: Basis for Screened Ineligible for Medicaid	<ul style="list-style-type: none"> ▪ Screening for Medicaid 	B.2.i
Non-MAGI/ABP Exemptions (Mixed Coverage Family)		G.27
Opportunity to be screened for non-MAGI (CHIP)	<ul style="list-style-type: none"> ▪ Opportunity for non-MAGI Medicaid eligibility determination and explanation of non-MAGI Medicaid eligibility basis and benefits. Instructions for pursuing non-MAGI determination. 	B.13.c
Appeals		G.32
Right to review	<ul style="list-style-type: none"> ▪ Consumer right to review. 	E.2.a
Instructions for how to get a review - CHIP	<ul style="list-style-type: none"> ▪ Instructions to have a review and access additional information about review. 	E.2.b
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
Tool #3: Notices Content Templates

13. Adult Eligible for APTC and Emergency Medicaid

Design Scenario: Individual submits an Insurance Affordability Program (IAP) application to the State Medicaid Agency (SMA). SMA determines individual ineligible for full scope Medicaid based on citizenship/immigration status. However, the individual is determined eligible for Emergency Medicaid and appears eligible for APTC/CSR. SMA transfers application to the Federally Facilitated Marketplace. The State imposes co-pays for Medicaid services.

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

Model Content

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

ELIGIBILITY-RELATED DETERMINATION NOTICES STATE TOOLKIT
 Tool #3: Notices Content Templates

Notice Segment	Content Description	Key Message Code
Transfer to Marketplace for QHP/APTC/CSR determination (Emergency Medicaid)	<ul style="list-style-type: none"> ▪ Transfer of application to Marketplace for APTC/CSR/QHP determination. 	B.12.f
Individual: Benefit Card and Plan Selection Information and Instructions (Medicaid)		G.12
Individual: Emergency Medicaid	<ul style="list-style-type: none"> ▪ Services that benefit plan covers. 	D.6.d
Individual: Emergency Medicaid Benefit Card	<ul style="list-style-type: none"> ▪ Notification that consumers will receive Medicaid benefit card and may use it immediately to access benefits ▪ Instructions for card usage. 	D.6.h
Basis for Eligibility Determination and Other Programs (Denial/Limited Coverage)		G.22
Basis for eligibility determination for Emergency Medicaid	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.2.d
Individual: Basis for eligibility determination for 5 year bar	<ul style="list-style-type: none"> ▪ Basis of eligibility determination 	B.2.g
Legal Authority (multiple citations)	<ul style="list-style-type: none"> ▪ Citation to or identification of specific regulations supporting action. 	F.11
Appeals		G.32
Right to appeal/fair hearing – Medicaid	<ul style="list-style-type: none"> ▪ Consumer right to appeal and reasons consumer may want to pursue an appeal. 	E.1.a
Instructions for how to appeal – Medicaid	<ul style="list-style-type: none"> ▪ Instructions to appeal, access additional information about appeals ▪ Appeal deadline 	E.1.b
Signature	<ul style="list-style-type: none"> ▪ Signature line 	F.26
Issuing Agency and Contact	<ul style="list-style-type: none"> ▪ Agency contact information 	F.27
Disclosure/Privacy Statement	<ul style="list-style-type: none"> ▪ Privacy/disclosure statement 	F.25