

Medicaid and CHIP

MAC

Learning Collaboratives

**Expanding Coverage and
Federally Facilitated Marketplace
Learning Collaboratives**

**Understanding the Consumer Experience in Transfers
from the State Medicaid/CHIP Agency
to the Federally Facilitated Marketplace**

Thursday, October 27, 2016

1:30 pm – 3:00 pm ET

- **Setting the Stage**
- **Account Transfer Process**
- **State Tools for Effective Consumer Communication**
- **Wrap Up**

Setting the Stage

State Responsibility to Ensure Seamless Transition When Transferring Consumers to the Marketplace

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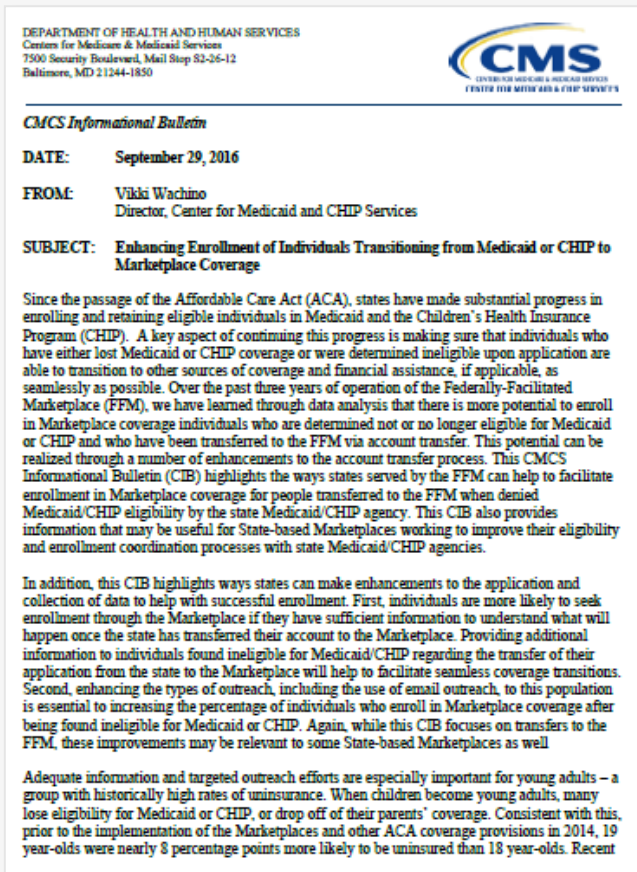
HealthCare.gov

- **When states utilizing the Federally Facilitated Marketplace (FFM, or “Marketplace”) find applicants or beneficiaries ineligible for Medicaid/CHIP coverage, they must transfer consumers’ electronic accounts to the Marketplace**
- **The transfer from the State Medicaid/CHIP agency (SMA/SCA) to the Marketplace can be challenging for consumers to understand and for states to communicate because:**
 - ✓ Consumers apply at one agency but then must go to another agency, and receive notices from both agencies
 - ✓ Time may have passed between consumers submitting an application to one agency and receiving a notice from the other agency
 - ✓ Some SMAs/SCAs may not provide detailed information about the account transfer

Potential to Improve and Enhance Consumer Experience through Improved Communication

- **Adequate information and effective outreach are critical to ensuring consumers understand what is happening and can transition to Marketplace coverage as seamlessly as possible.**
- **To communicate effectively, it is necessary to:**
 - ✓ Refine messaging to explain the account transfer process and next steps for completing an application at the FFM;
 - ✓ Develop new formats to present complex information; and
 - ✓ Create opportunities to reinforce key messages beyond the eligibility notice.
- **While communicating about account transfer is primarily an FFM state issue, this may also be an issue for State-based Marketplace (SBM) states that do not have integrated systems or a single notice with all eligibility decisions.**

Highlights key state strategies to enhance enrollment of individuals transitioning from Medicaid/CHIP to Marketplace coverage

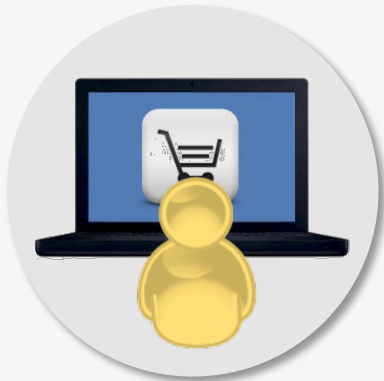


- 1 Improve eligibility determination notice language for individuals found ineligible for Medicaid/CHIP
- 2 Revise applications to more easily collect email addresses for enhanced outreach
- 3 Enhance robustness of data included in the account transfer to support application process and outreach

Today's Learning Objectives

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Consumer is determined ineligible for Medicaid by the State Medicaid/CHIP agency in an FFM state



- ✓ **Help states understand the consumer's experience during the transfer from the State Medicaid/CHIP agency to the FFM**
- ✓ **Highlight key areas of confusion and opportunities for improved consumer communication**
- ✓ **Provide states with tools for effective consumer communication on the transfer and next steps:**
 - Model eligibility notice language
 - Model eligibility results page
 - Frequently Asked Questions (FAQs)

Account Transfer Process

Overview of Account Transfer

CONSUMER

Applicant
Submits single, streamlined application

Beneficiary
Reports change or responds to pre-populated renewal form

Receives eligibility determination notice from SMA

Today consumers may not be aware they have the choice of waiting for FFM notice or starting a new application

Receives inbound account transfer notice from FFM with next steps

STATE MEDICAID AGENCY

Reviews and verifies information

Determines consumer ineligible for Medicaid/CHIP

Triggers 2 actions

Generates and sends eligibility determination notice to consumer

Transfers consumer's electronic account to FFM (timeframe and data vary by state)

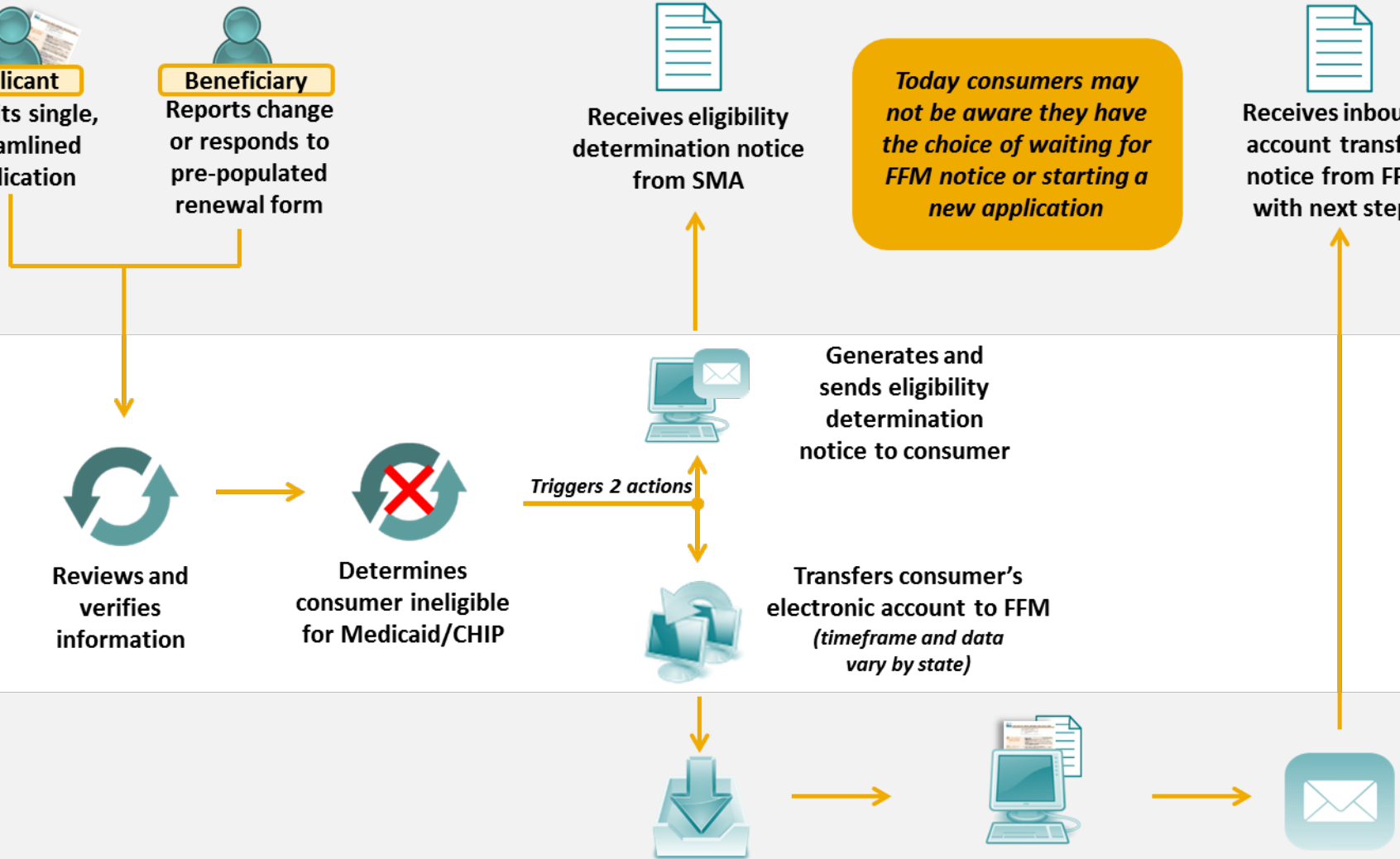
MARKETPLACE

Receives consumer's electronic account from SMA

Generates inbound account transfer notice and pre-populated application on HealthCare.gov (3-5 days during OEP, 1-3 days outside OEP)

Sends inbound Medicaid and CHIP

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Understanding the Consumer Experience

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Consumers who have been determined ineligible for Medicaid/CHIP may not know they have two pathways to complete their application with the FFM. We can help them be better informed so they can act sooner, if they wish.



Wait for FFM notice

- Based on FFM notice instructions, go to Marketplace online or through Call Center.
- Complete application started by the Marketplace/populated by account transfer.

Start new application

- Go to Marketplace online or through Call Center.
- Start new application. Re-enter information on application/in account transfer.



Wait for FFM notice

- Based on FFM notice instructions, go to Marketplace online or through Call Center.
- Complete application started by the Marketplace/populated by account transfer.

Start new application

- Go to Marketplace online or through Call Center.
- Start new application. Re-enter information on application/in account transfer.

Wait for FFM Notice: Inbound Account Transfer Notice

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The image shows a sample of an "Inbound Account Transfer Notice" from the Health Insurance Marketplace. The letterhead includes the Health Insurance Marketplace logo and the Department of Health and Human Services address in London, Kentucky. The notice is addressed to a primary contact and includes fields for their name, address, and the date of the notice. The main body of the letter explains that the consumer's application was transferred from their state Medicaid or CHIP agency to the Marketplace. It states that the consumer must complete their application on HealthCare.gov to see if they qualify for Marketplace coverage. A list of bullet points highlights benefits like a new tax credit and health plans designed to lower out-of-pocket costs. A note mentions that existing eligibility determinations from the Marketplace will remain in effect. Finally, it provides instructions on how to complete the application, such as logging into a HealthCare.gov account or calling the Marketplace at 1-800-318-2596.

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

[First Name Last Name of Primary Contact] [Date of notice]
[Address of Primary Contact]

Application ID: [Application ID]

Dear [First Name of Primary Contact]:

Complete your application for Marketplace coverage
You recently submitted an application to your state Medicaid or Children's Health Insurance Program (CHIP) agency or made a change to your eligibility information for health coverage. Your state Medicaid or CHIP agency sent your application in a secure transaction to the Health Insurance Marketplace because you or someone on your application doesn't qualify for Medicaid and CHIP. We used the information from your state Medicaid or CHIP agency to start an application for you on HealthCare.gov. You'll need to complete and submit this application to see if you or someone on your application qualifies to get Marketplace coverage and help paying for health coverage and health services through the following:

- A new tax credit that can be used right away to lower your monthly health insurance premium costs
- Health plans specifically designed to lower your out-of-pocket costs

If we don't hear from you, we won't be able to determine your eligibility based on the application we started for you.

Note: If you already have an eligibility determination from the Marketplace for a tax credit and plan with lower out-of-pocket costs, you don't need to complete and submit an application. Your eligibility and coverage (if you've enrolled already) won't change.

How to complete your application

To complete your application, you can do one of the following:

- Log in to your HealthCare.gov account
- Create an account on HealthCare.gov if you don't already have one
- Call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325)

If you have questions:
Go to [HealthCare.gov/marketplace](https://healthcare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

KEY MESSAGES

- **Account Transfer:** State transferred application to Marketplace and that information was used to start an application at HealthCare.gov
- **Additional Action Necessary:** Consumer will need to complete and submit the pre-populated Marketplace application to see if they qualify for Marketplace coverage
- **Unique Marketplace ID:** Contains Marketplace ID needed to access pre-populated application
- **Completing Marketplace Application:** Consumer can go to HealthCare.gov or Call Center and will be asked to provide unique Marketplace ID.

Full notice available at:

<https://marketplace.cms.gov/technical-assistance-resources/training-materials/inbound-account-transfer.pdf>

Wait for FFM Notice: Complete Application Started by Marketplace

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HealthCare.gov Individuals & Families Small Businesses Log in Español

Log in

Don't have an account? [Create one.](#)

Your username may be your email address.

LOG IN

[Forgot your username or password?](#)

KEY STEPS

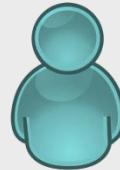
- **Log Into/Create Account:** Consumer logs into or creates a new account.
- **Select Application:** Consumer selects “Start a New Application or Update an Existing One” and updates his or her most recent application labeled as “In Progress.”
- **Application ID:** Consumer enters application ID from FFM notice to access application started by Marketplace.
- **Walk-Through:** Consumer continues through application, providing and updating information as necessary.
- **Review and Submit:** Consumer reviews and submits application for Marketplace coverage.

SUSAN, where would you like to go?

INDIVIDUALS & FAMILIES

START A NEW APPLICATION OR UPDATE AN EXISTING ONE »

Choose this option if you're looking for health coverage for you and/or your family. Or, you can review, renew, or make changes to your current Marketplace coverage.



Wait for FFM notice

- Based on FFM notice instructions, go to Marketplace online or through Call Center.
- Complete application started by the Marketplace/populated by account transfer.

Start new application

- **Go to Marketplace online or through Call Center.**
- **Start new application. Re-enter information on application/in account transfer.**

Start New Application: Go to Marketplace

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HealthCare.gov Individuals & Families Small Businesses Log in Español

Log in

Don't have an account? [Create one.](#)

Your username may be your email address.

LOG IN

[Forgot your username or password?](#)

KEY STEPS

- **Log Into/Create Account:**
Consumer logs into or creates a new account.
- **Start New Application:**
Consumer selects “Start a New Application or Update an Existing One.” Consumer selects the year for which they are applying and state in which they want coverage.

SUSAN, what would you like to do?

Get coverage for:

Select Year Select State **APPLY OR RENEW**

Don't see your state? Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325). [Find your State's website.](#)

Not sure which year to choose? You may qualify for 2016 coverage through a Special Enrollment Period or your state's Medicaid or Children's Health Insurance Program (CHIP). [Learn more about Special Enrollment Periods.](#)

Start New Application: Go to Marketplace

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Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days? Or, were any of them found not eligible for Medicaid or CHIP due to their immigration status since October 1, 2013?

Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace.

[Learn more about how to answer this question](#)

- Horst Abbottal
- Baby Abbottal
- None of these people

Did any of these people apply for coverage between November 1, 2015 - January 31, 2016? (Select their name if they applied through their state or the Marketplace.)

- Horst Abbottal
- Baby Abbottal
- None of these people

KEY STEPS

- **Enter Application Information:** Consumer completes all application information (*because the consumer is starting a new application, the application will not be pre-populated with any information from the account transfer*).
- **Medicaid Block:** Consumer selects denial of Medicaid/CHIP eligibility within the specified timeframe, as applicable.
- **Review and Submit:** Consumer reviews and submits application for Marketplace coverage.

State Tools for Effective Consumer Communication

Tools for Effective Consumer Communication

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States can help consumers better understand the transfer to the FFM and next steps so consumers transition to Marketplace coverage as seamlessly as possible



**Model Eligibility
Notice Language**



**Model Eligibility
Results Page**



Frequently Asked Questions

Approach for Development of State Tools



Input from states and consumer advocates



Working sessions with CCIIO, Office of Communications, CMCS



Collaboration with Maximus Center for Health Literacy to develop, test, and refine key messages on FFM account transfer

Secured feedback from states and consumer advocates about consumer challenges and considerations in communicating about the FFM account transfer

- Consumers do not understand that the Marketplace is different from the State Medicaid/CHIP agency
- Consumers in FFM states and mixed coverage program families are confused when receiving notices from different agencies
- Consumers do not understand the two options they have to complete the Marketplace application and considerations for selecting an option
- States find communicating about FFM account transfer challenging and want model language to include in notices

Findings from Consumer Testing

MAXIMUS Center for Health Literacy team conducted hour-long, 1:1 interviews with consumers to determine if consumers could read, understand, and take action based on key messages and instructions related to account transfer

✓ **Confusion with Marketplace**

- Only 19 of 48 participants were familiar with and understood Marketplace.

"I have no idea. It sounds like something on Wall Street."

✓ **Confusion with options for completing a Marketplace application and why consumers might want to start a new application**

- 11 participants did not understand or only partially understood their options for completing a Marketplace application.
- Only 19 participants understood that coverage might start sooner if they began their own new application.
- Once participants understood they may get coverage sooner, 40 preferred to start a new application rather than wait for account transfer.

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

✓ **Understanding of Open and Special Enrollment**

- 34 of 48 participants completely understood the difference between "Open Enrollment" and "Special Enrollment" period.

There is an Open Enrollment Period, but if you don't complete your application during Open Enrollment then you have to wait. But if you have a special life event then you can enroll.

Revisions were made to the tools based on these findings

Tools for Effective Consumer Communication

With input from states, consumers and advocates, the Learning Collaborative team developed and revised three state tools for effective consumer communication



**Model Eligibility
Notice Language**



**Model Eligibility
Results Page**



Frequently Asked Questions

An improved denial notice can help facilitate a seamless transition of consumers from State Medicaid/CHIP agency to the Marketplace

- **Refreshed and enhanced model notice account transfer messages:**
 - ✓ Refined messages to better educate consumers about the Marketplace, that their information has been transferred, and their options for completing a Marketplace application
 - ✓ Added explanation on Open Enrollment/Special Enrollment Periods
 - ✓ Provide options for states
- **Inserted key messages into a model denial notice to help states see the messages in context with best practices for design and layout**

Built on 2013 consumer communications work:

❖ 2013 Model Notices Toolkit, available at <https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/expanding-coverage.html>



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 (TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: May 1, 2016
Letter date: May 5, 2016
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 you information to them. The Marketplace will send you a letter. To learn more, read the "Complete your Marketplace application" section below.

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 below.

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.

Questions? 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.

Medicaid Denial Notice – Version A

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.

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

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 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.

Questions? 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.

Medicaid Denial Notice – Version A

Account Transfer and Letter

- Introduces Marketplace as an option for health coverage and financial assistance
- Starts to tell consumers what is happening with their application

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.

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

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.

Medicaid

Marketplace Definition

- Consumer testing revealed confusion with Marketplace and need for definition
- Includes and highlights Marketplace definition

Complete your Marketplace application soon

- Urges consumer to complete application as soon as possible to get coverage

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.

Application completion options

- Clearly delineates options for consumers to complete their application
- Provides detailed instructions
- Highlights again that Marketplace will send a notice to consumer with further instructions

Updated Model Notice Language

Marketplace application assistance

- Provides ways for consumer to get help

Marketplace eligibility determination notice

- Tells consumer they will get a Marketplace decision

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.


Medicaid Denial Notice – Version A

Open Enrollment and Special Enrollment Periods

- Explains to consumer potential for needing to wait to enroll in coverage and possibly reapplying
- Explains these terms and what they mean for enrolling in coverage

Updated Model Notice Language: Two Versions

Some consumers may need to act more quickly. States can choose between two versions of notice for implementation, based on timing of Medicaid eligibility notice and Marketplace transfer notice to consumers.

 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).

States where less time passes between consumer receiving Medicaid eligibility notice and Marketplace transfer notice

Any Town, Any State 00111 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 you information to them. The Marketplace will send you a letter. To learn more, read the "Complete your Marketplace application" section below.

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 \$1,915 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 below.

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

Complete your Marketplace application

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- 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


- 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.

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.

Questions? 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.

Medicaid Denial Notice – Version A

 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).

States where more time passes between consumer receiving Medicaid eligibility notice and Marketplace transfer notice

Any Town, Any State 00111 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 you information to them. The Marketplace will send you a letter. To learn more, read the "Complete your Marketplace application" section below.

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 - 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.

Or

- 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.

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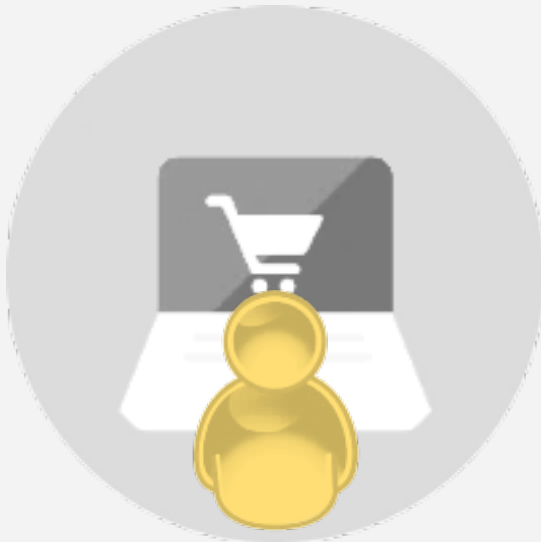
Medicaid Denial Notice – Version B

Messages same and text is static, just Options 1 and 2 are flipped.

DISCUSSION

An eligibility results page following an online application can help states communicate to consumers in real-time about the account transfer and completion of a Marketplace application

Consumer completes online application with State Medicaid/CHIP agency



Eligibility Results Page Principles

- ✓ **Provide a snapshot on program eligibility**
- ✓ **Highlight key next steps (e.g., complete Marketplace application)**
- ✓ **Not intended to replace “full” eligibility notices required under federal law/regulations...but drives consumer to read the notice**

Eligibility Results Page Framework: *Three-Step Process*

Three-step framework maintained across different eligibility scenarios

STEP 1

- Review your eligibility results

- Start with eligibility results
- Remains the same across any scenario

STEP 2

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

Depends on whether there is an eligibility determination or if more information is needed

STEP 3

- Access care
or
- Choose health plan
or
- Send us more information
or
- Complete your Marketplace application

Depends on state's Medicaid delivery system and Marketplace model

Individual ineligible for Medicaid in FFM state:

Step 1. Review your eligibility results

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Eligibility Results

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

Thank you for your application **Review your eligibility results** Read your eligibility letter Complete your Marketplace application

1 2 3

Your application tracking number is: 987654321

Please keep this number for your records.

[Download your application](#) to print or save a copy.

1. Review your eligibility results

Anna Jackson

You do **not** qualify for Medicaid health coverage. To learn why you do not qualify, go to Step 2.

But, you still might be able to get health coverage – and help paying for it – through the Health Insurance Marketplace (Marketplace). The Marketplace is a service where you can shop for and buy affordable private health insurance online, over the phone, or with in-person help. It also provides financial help to people who qualify.

[Go to Step 2 ▶](#)

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

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

Tracking bar

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

Key messages

- Balances two messages for consumer ineligible for Medicaid and potentially eligible for Marketplace coverage
- Conscious decision to not include the denial reason since challenging to concisely explain basis of denial and appeals rights; instead, drive consumer to read eligibility notice
- Added definition of Marketplace following consumer testing feedback on consumer confusion

Individual ineligible for Medicaid in FFM state:

Step 2. Read your eligibility letter

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STATE MEDICAID AGENCY Eligibility Results

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

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

1 2 3

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

2. Read your eligibility letter

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

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

[Download your eligibility letter](#)

[Back to Step 1](#) [Go to Step 3](#)

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We're here Monday to Friday, 8 a.m. to 8 p.m. The call is free!
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Importance of notice

- Explains what information is in the notice

Required download of notice

- Informs consumer that downloading eligibility letter is required to advance
- Greyed out button also provides visual cue that going to Step 3 is not currently available
- If consumer clicks on greyed out button without downloading notice, an alert message appears and consumer cannot move forward

Individual ineligible for Medicaid in FFM state: Step 3. Complete your Marketplace application

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Eligibility Results

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



Your application tracking number is: **987654321**

Please keep this number for your records.

[Download your application](#) to print or save a copy.

3. Complete your Marketplace application

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

To complete your application, you can:

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

Or

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

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

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

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

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

[← Back to Step 2](#)

Marketplace transfer messages

- Provides another opportunity to explain transfer to Marketplace, options for completing Marketplace application to consumer, and potential considerations
- Language similar to model notice
- Prioritizes "start new application" message since consumer is already online and can go directly to Marketplace in same sitting

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

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Model Eligibility Results Page Toolkit

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Using the toolkit, states can develop eligibility results pages for a variety of eligibility scenarios and leverage best practices for wording, design and layout

- **Model Eligibility Results Page Framework**
- **Scenarios to demonstrate how to apply framework** – Eights scenarios that vary by:
 - *Household Composition*
 - *State Marketplace Model*
 - *State Medicaid Delivery System Model*
- **Toolkit Guide** – Learning Collaborative deck, which provides an overview on how model eligibility results pages were developed and how to apply tools.
- **Model Eligibility Results Menu and Map** – List of message snippets applied in model eligibility results pages.

Reviewed with Expanding Coverage LC on August 24th and September 1st, 2016.

All-state call and dissemination of model eligibility results page toolkit forthcoming.

Additional Messaging Opportunities

There are multiple opportunities to communicate key messages to consumers. Model notice language, model eligibility results page language, and forthcoming FAQs may be leveraged in a variety of ways.



Call centers



Eligibility workers



Application assisters



Website resources

FAQs addressing common points of consumer confusion in account transfer are under development and will be forthcoming.

DISCUSSION

Wrap Up

Wrap Up

Next Meeting:

- Details and Invite Forthcoming

Contact Information:

Let us know if you have any updates to your contact information or want more information on LC meetings

- Contact MACLC@mathematica-mpr.com

Appendix

Health Literacy Best Practices: Content

Content



- Organization from the consumers' perspective
- Key messages first and prominent
- Information chunked into one-topic paragraphs
- Meaningful, descriptive headings
- Definitions for necessary technical terms
- Streamlined information

Health Literacy Best Practices: Language

Language



- Clear, simple wording for headings
- Friendly tone
- Active voice
- Parallel construction
- Short, simple paragraphs and sentences
- Common, familiar words

Design



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