Medicaid and CHIP MAC Learning Collaboratives

Expanding Coverage Learning Collaborative

Effective Communication of Eligibility Determinations: Model Eligibility Results Page for Online Applications

Part 1: Wednesday, August 24, 2016, 12:30 pm-2:00 pm ET

Part 2: Thursday, September 1, 2016, 12:00 pm-1:00 pm ET

Effective Communication of Eligibility Determinations: Model Eligibility Results Pages

- Setting the Stage
- Approach to the Project
- Model Eligibility Results Pages
- Consumer Testing
- Framework Tailored to Scenarios
- State Implementation Considerations
- Health Literacy Best Practices
- Next Steps

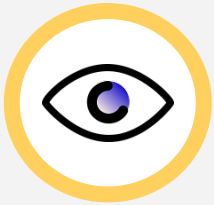
Setting the Stage

Consumer Communication Continues to Be Challenging

Notices must communicate important but complex information

- ✓ Basis of eligibility determination
- ✓ Next steps for consumers
- ✓ How consumers can use their coverage
- ✓ Legal rights and responsibilities

Consumers do not always understand their eligibility determination or the next steps they need to take (e.g., when and how to use their coverage, next steps to complete eligibility determination process, and/or next steps to enroll in a QHP)



Some consumers are not reading notices at all

Some States Have Not Been Able to Improve Their Notice Systems/Content as They Have Wanted

"We have done all this work to streamline the application process, but there is a large gap in communicating with the family after initial application."

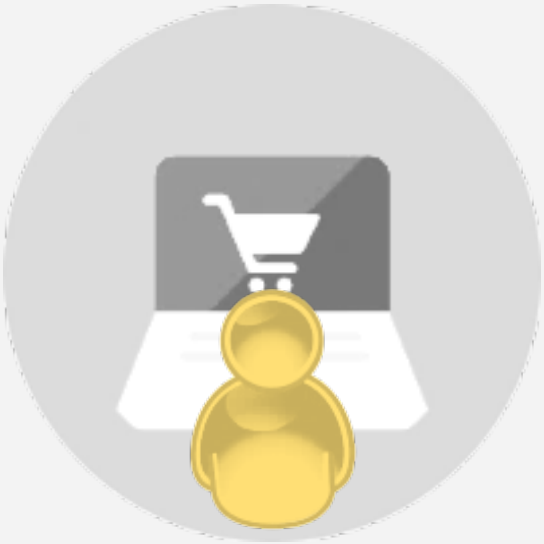
"We have struggled to figure out how to clearly communicate what programs consumers are eligible for, and timelines and processes for transitioning between Medicaid and Marketplace coverage."

"It is confusing for consumers to get separate eligibility notices from the Marketplace and Medicaid/CHIP."

Project Objective

Create a way to communicate to consumers key messages and quick takeaways on their health coverage eligibility and next steps

Consumer completes online application with State Medicaid/CHIP agency



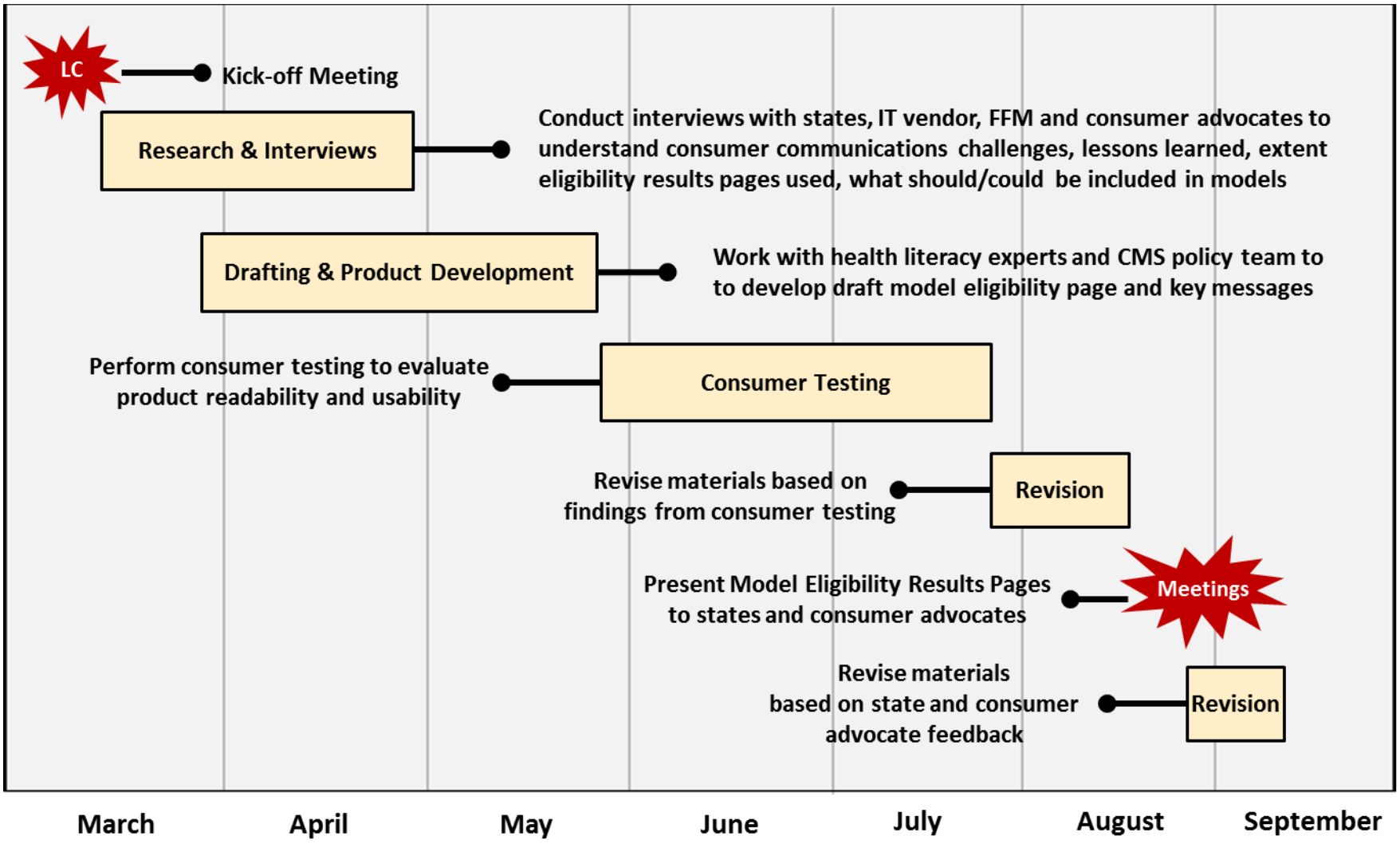
Eligibility Results Page Principles

- ✓ **Provide a snapshot on program eligibility**
- ✓ **Highlight key next steps** (e.g., submit additional information, complete additional verification, find a provider, enroll in a health plan, complete Marketplace application)
- ✓ **Not intended to replace "full" eligibility notices required under federal law/regulations… but drives consumer to read the notice**

To communicate effectively with consumers: refine messaging, develop new formats to present complex information, and create opportunities to reinforce key messages beyond legal notices

Approach to the Project

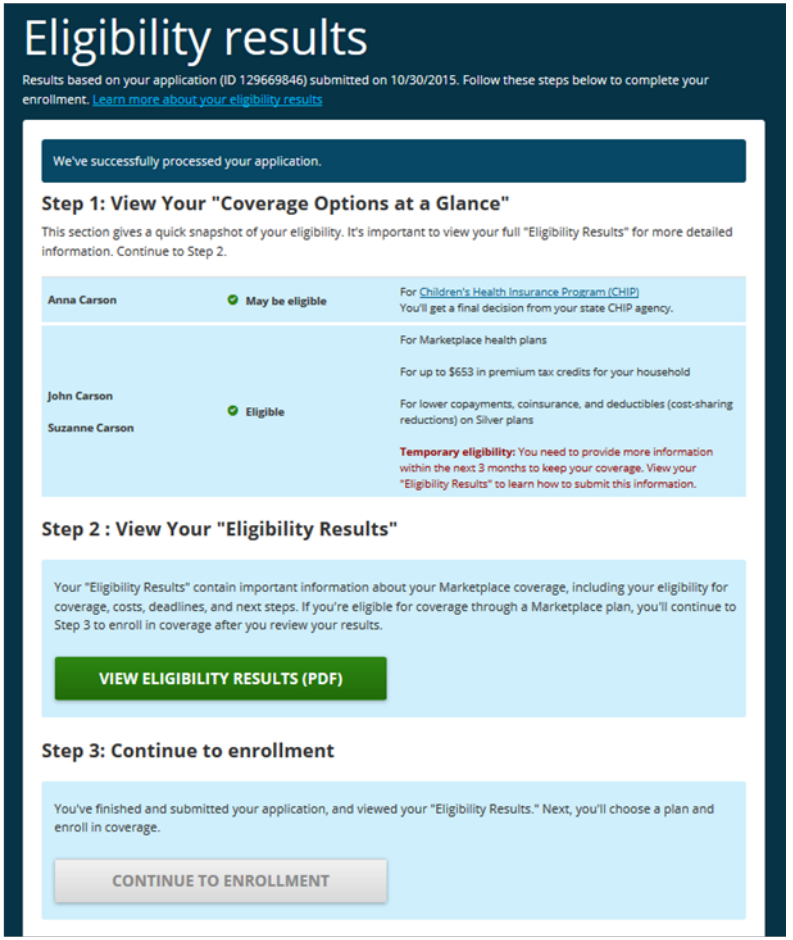
Developing Model Eligibility Results Pages



Lessons Learned from HealthCare.gov

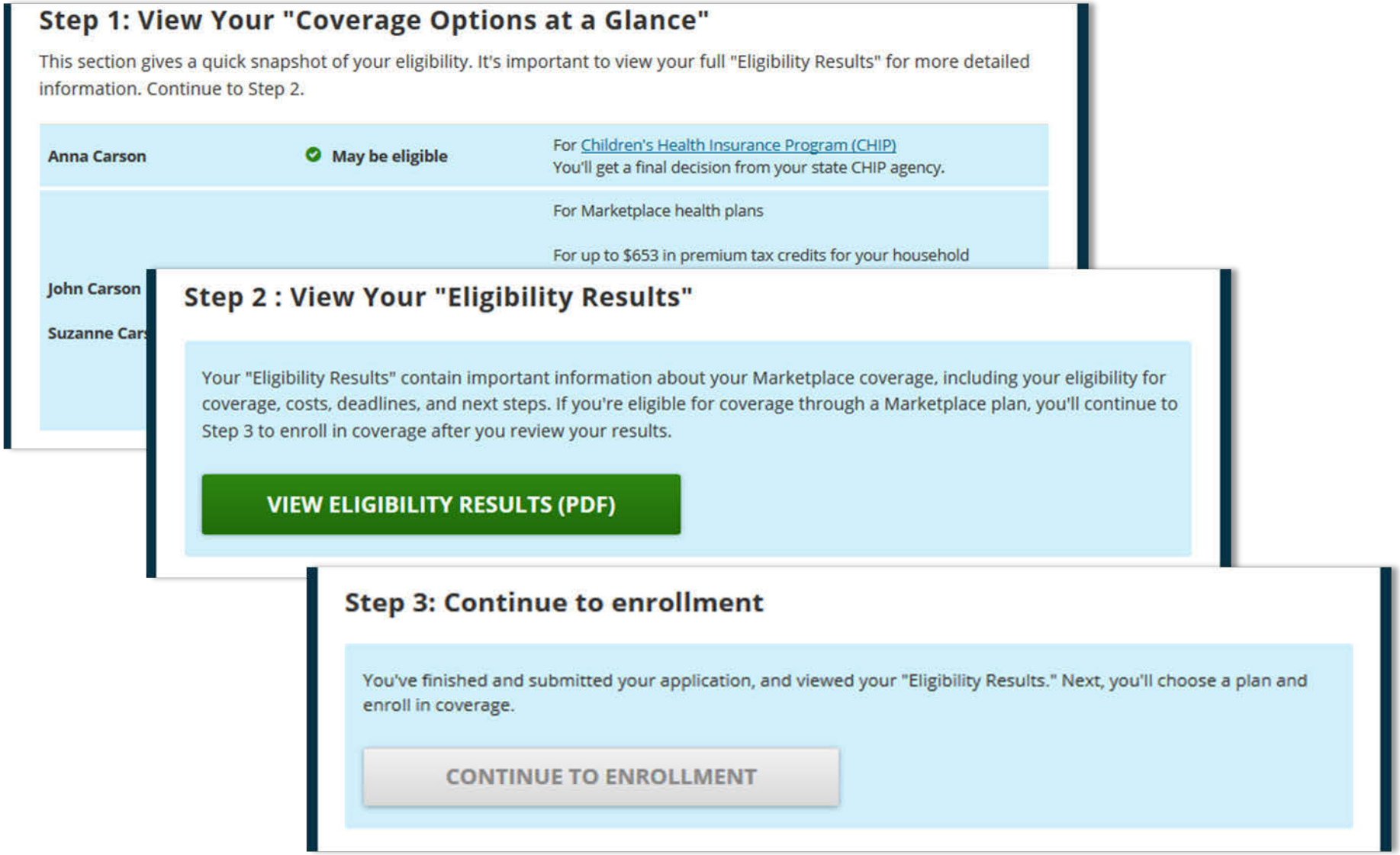
The Federally-facilitated Marketplace (FFM) provides consumers with on-screen eligibility results as a way to improve understanding and next steps

- Tested several design approaches with consumers over the last few years
- Implemented an improved eligibility results page, which includes summary of results displayed on screen for consumers, in Fall 2015 just ahead of Marketplace Open Enrollment
- Continue to focus on incremental improvements based on a foundation of consumer testing and feedback.



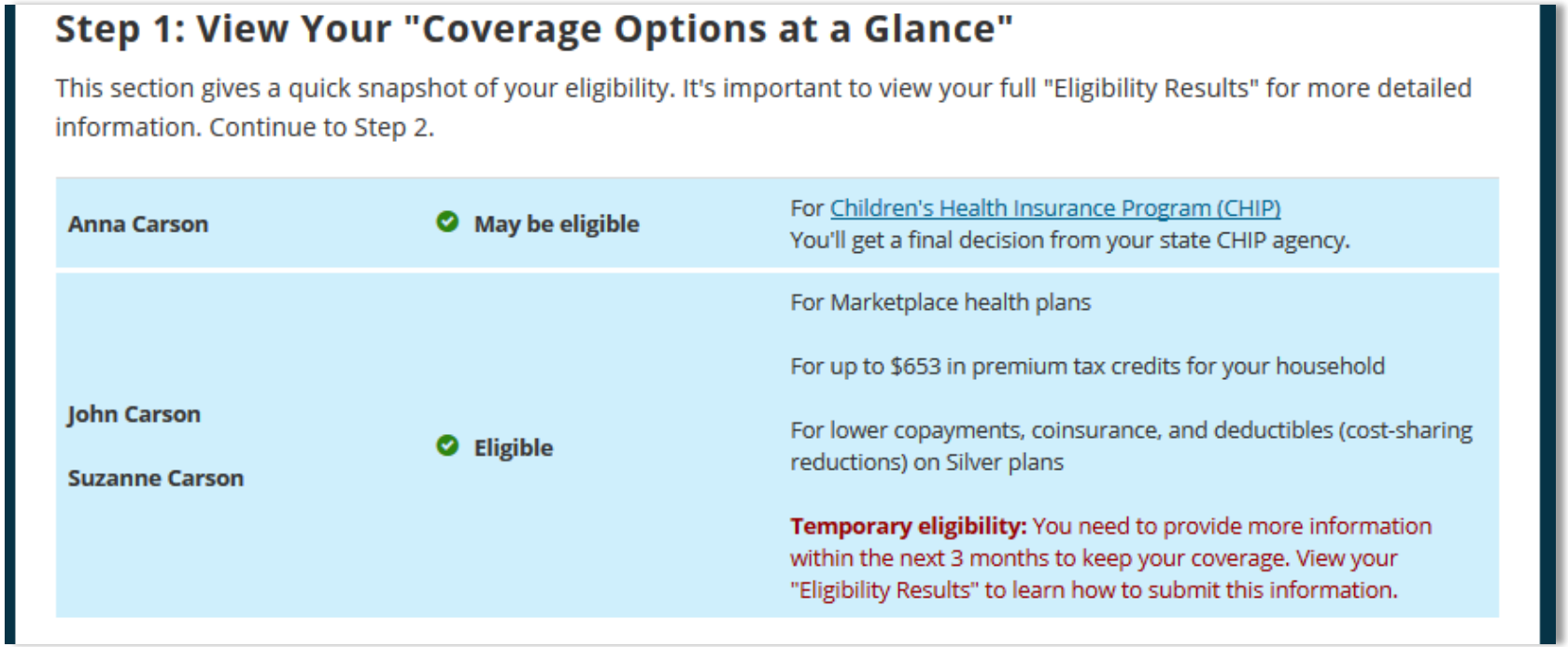
Lessons Learned from HealthCare.gov

Highlight key steps to improve consumer comprehension



Lessons Learned from HealthCare.gov

Organize and group together by person instead of by program to align with how consumers think about their information and reduce repeating information that applies to multiple people



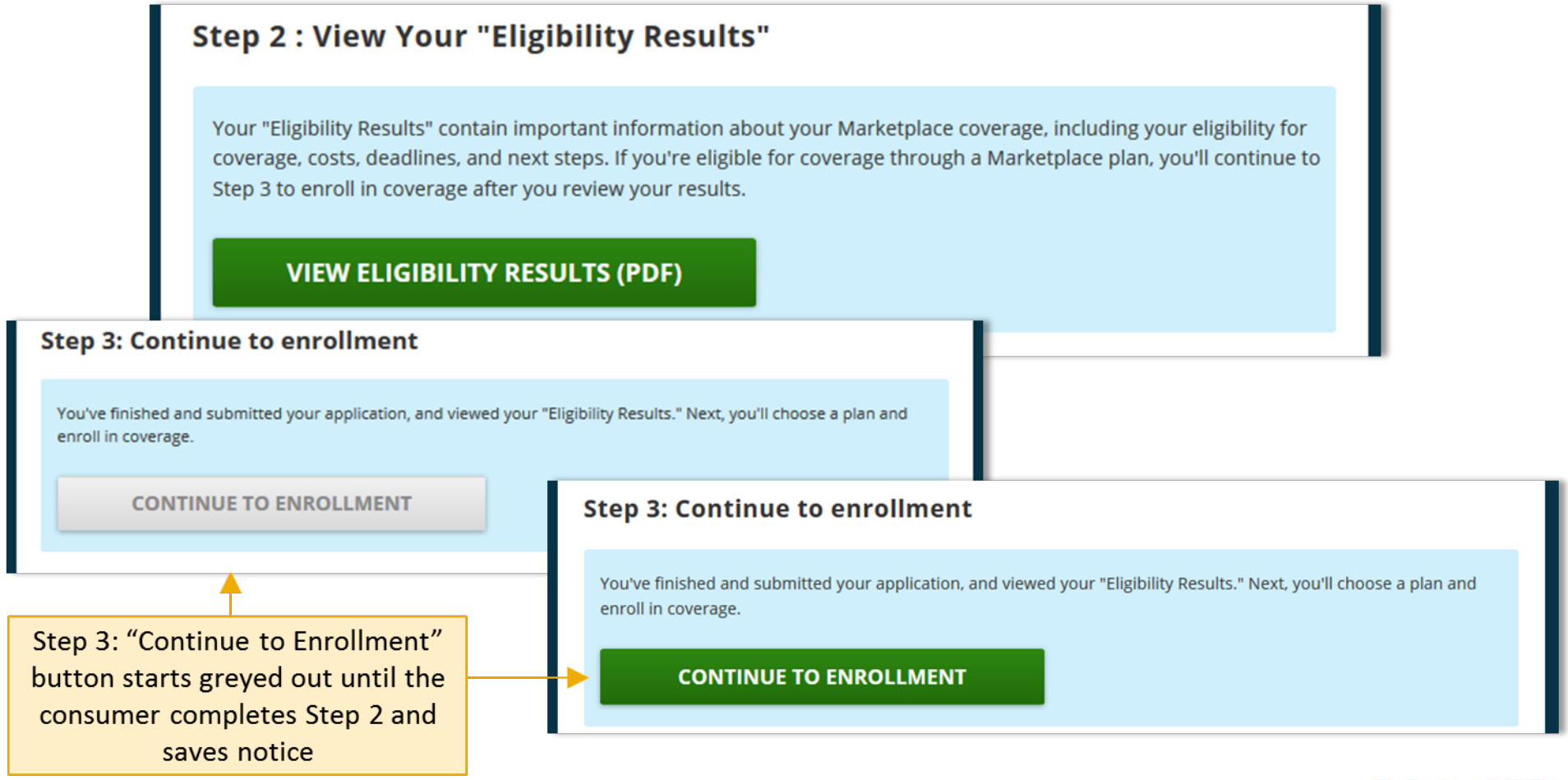
Step 1: View Your "Coverage Options at a Glance"

This section gives a quick snapshot of your eligibility. It's important to view your full "Eligibility Results" for more detailed information. Continue to Step 2.

Anna Carson	**May be eligible**	For Children's Health Insurance Program (CHIP) You'll get a final decision from your state CHIP agency.
John Carson **Suzanne Carson**	**Eligible**	For Marketplace health plans For up to $653 in premium tax credits for your household For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans **Temporary eligibility:** You need to provide more information within the next 3 months to keep your coverage. View your "Eligibility Results" to learn how to submit this information.

Lessons Learned from HealthCare.gov

Require consumers to download full eligibility notice before continuing to plan comparison and enrollment to facilitate reading of notices



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Input from States, Consumer Advocates and IT Vendor

	Feedback on Current Communications	Key Areas of Consumer Confusion	Use, Content, and Design of Eligibility Results Pages	Implementation Considerations
States	✓	✓	✓	✓
Consumer Advocates	✓	✓	✓	
IT Vendor			✓	✓

Thank You for Your Feedback:

- Hawaii
- Kentucky
- Michigan
- New Mexico
- Center on Budget and Policy Priorities
- Georgetown Center for Children and Families
- National Health Law Program
- Accenture

Input from States, Consumer Advocates and IT Vendor

Feedback on Current Consumer Communications

- Notices still lengthy and confusing – call centers receive many questions related to notices
- Unclear how many consumers are reading notices, states interviewed did not have capability to track whether notices read
- Important to provide access to consumer communications in appropriate literacy levels and variety of languages

Key Areas of Consumer Confusion

- Difficult to understand eligibility determination, next steps and differences between Medicaid, CHIP and the Marketplace coverage
- In FFM states, do not understand Marketplace is a different agency from where application was initiated
- For mixed coverage program families, confusion when receiving notices from different agencies after account transfer

Input from States, Consumer Advocates and IT Vendor

Use, Content and Design of Eligibility Results Pages

- Several states interviewed have eligibility and enrollment dashboards in consumer online accounts, none had full eligibility results pages
- Simplified language on model results page can be applied to current consumer communications immediately (even if state cannot implement results page in short-term)
- Conflicting opinion on how much information to present on results page

Implementation Considerations

- Ability to conduct real-time eligibility determinations and make eligibility notices available immediately (key components of model page framework)
- Resources and time for development
- Rules engine does contain all information
- Use of pop-up windows for any links and cloud saving functionality for mobile users

Collaboration with Health Literacy Experts

Engaged MAXIMUS Center for Health Literacy to work closely with the CMS Coverage LC team to develop and consumer test model eligibility results pages

Development

- Created framework, design and layout for eligibility results pages to be leveraged by State Medicaid/CHIP agencies
- Developed content for 8 scenarios using the model informed by legal, policy and operational considerations
- Based language recommendations on industry best practices for readability and usability, and past experience with model eligibility notices and related work

Model Eligibility Results Pages

State Toolkit

Help State Medicaid Agencies implement eligibility results pages to communicate effectively with consumers following an online application

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

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

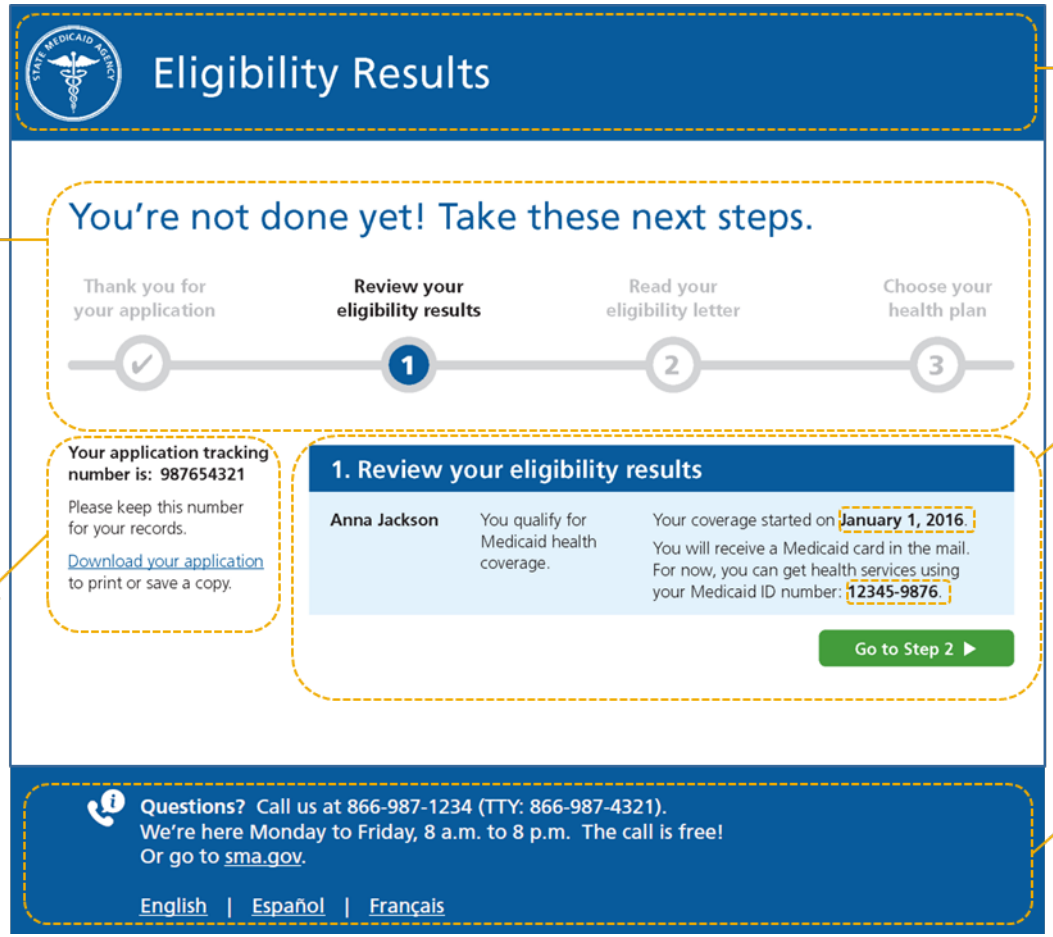
Depends on state's Medicaid delivery system and Marketplace model

Eligibility Results Page Framework: *Organization, Design & Layout*

Each step is a separate page but has a consistent organization, design and layout

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

Application tracking and download
- Appears on each page
- Allows consumer easy access to application at any step of the process



Header
- Appears on each page

Key step
- Appears on each page but information specific to the step
- Bold text emphasizes key information

Footer
- Appears on each page
- Provides assistance and language options

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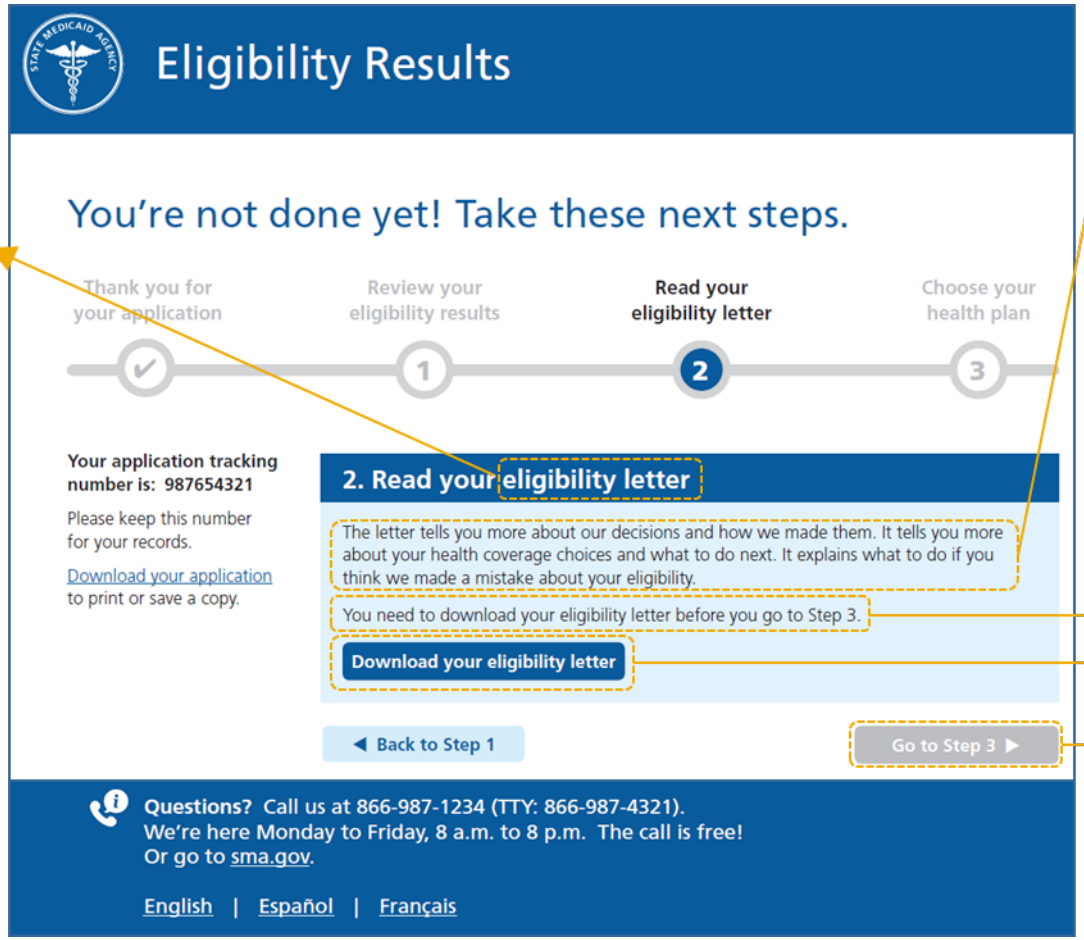
Eligibility Results Page Framework:
Organization, Design & Layout

Consumer is driven to the eligibility notice and must download notice to move forward

Consumer-accessible terminology

- "Eligibility letter" is used instead of "eligibility determination notice"
- Consumer literacy research shows that "letter" is more accessible than "notice"
- Letter is also more broadly applicable since consumers may be receiving a request for additional information, not a determination



Importance of notice

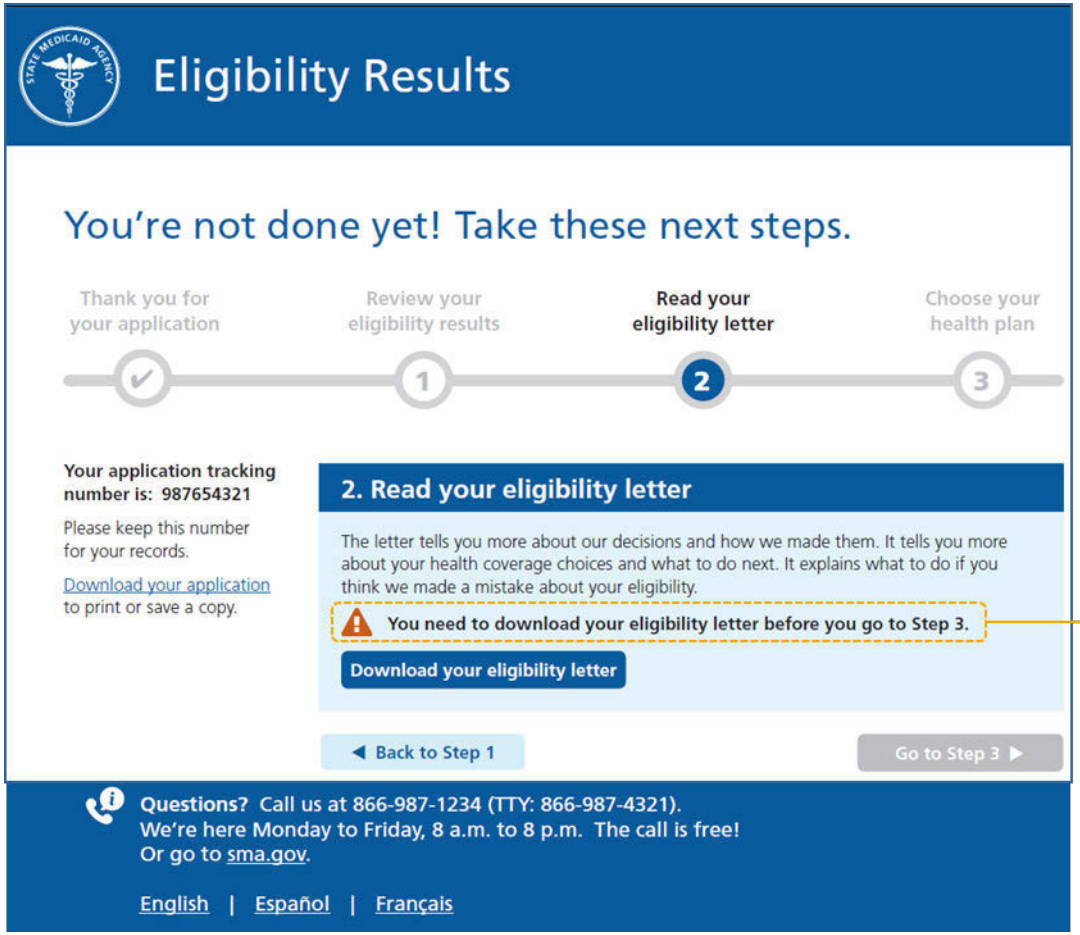
- Explains what information is in the notice

Mandatory download

- Informs consumer that downloading eligibility letter is required to advance
- Greyed out button provides visual cue that going to Step 3 is not currently available
- "Download" could allow consumer to save to secure account, print, e-mail, or save locally; consider security features since consumer may be logged in through public computer

Eligibility Results Page Framework:
Organization, Design & Layout

Consumer is driven to the eligibility notice and must download notice to move forward



Alert message

- If consumer clicks on greyed out button without downloading notice, an alert message appears and consumer cannot move forward

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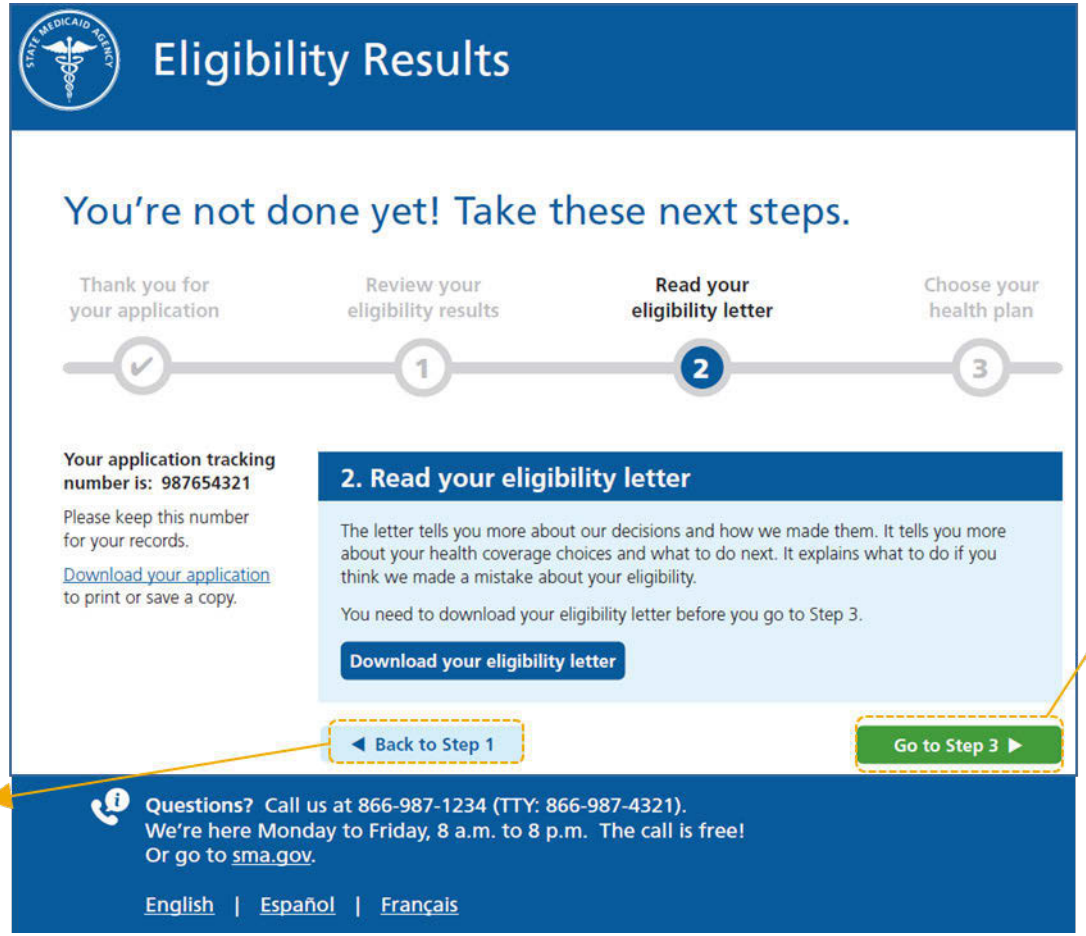
Eligibility Results Page Framework:
Organization, Design & Layout

Consumer is driven to the eligibility notice and must download notice to move forward



Navigational buttons
- Appear at bottom of each page to go forwards and backwards, as applicable

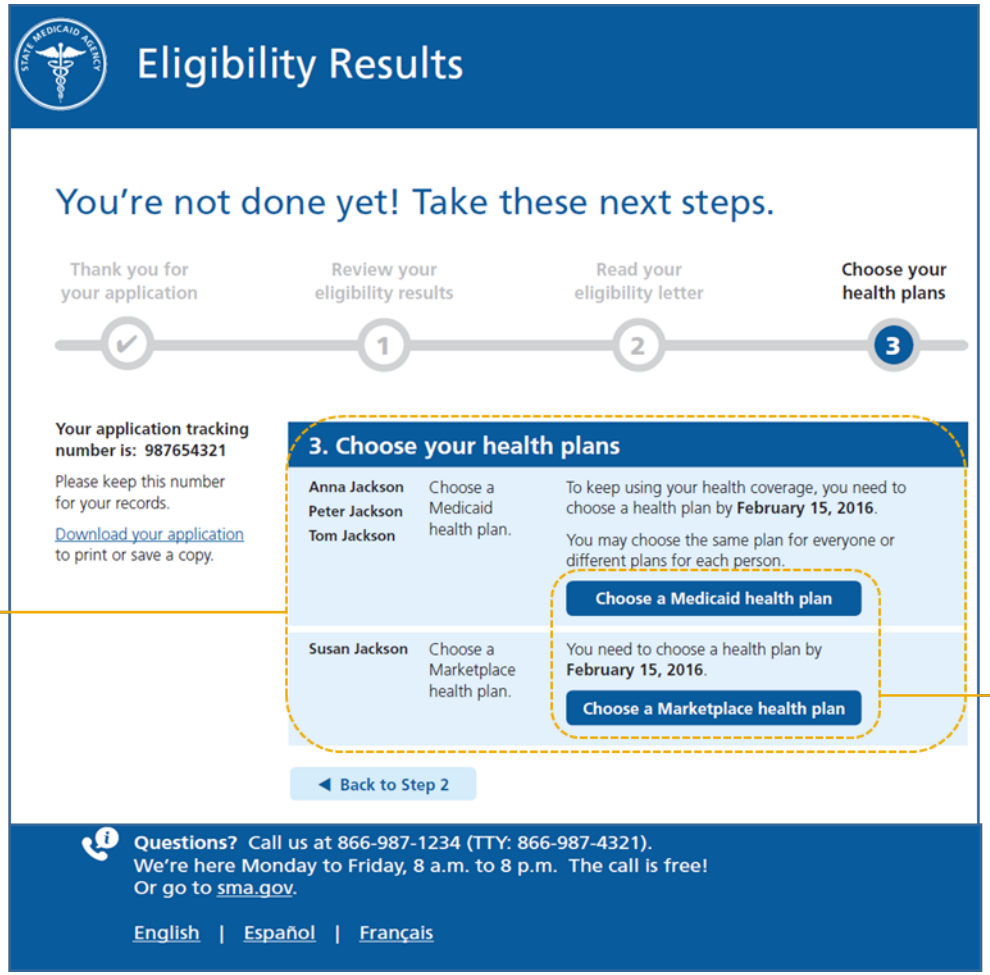
Navigation forward
- Only after consumer downloads eligibility notice does the greyed out button turn green and consumer can move forward to Step 3

Eligibility Results Page Framework:
Organization, Design & Layout

Consumer is guided to access care based on state's delivery system

Multi-person household

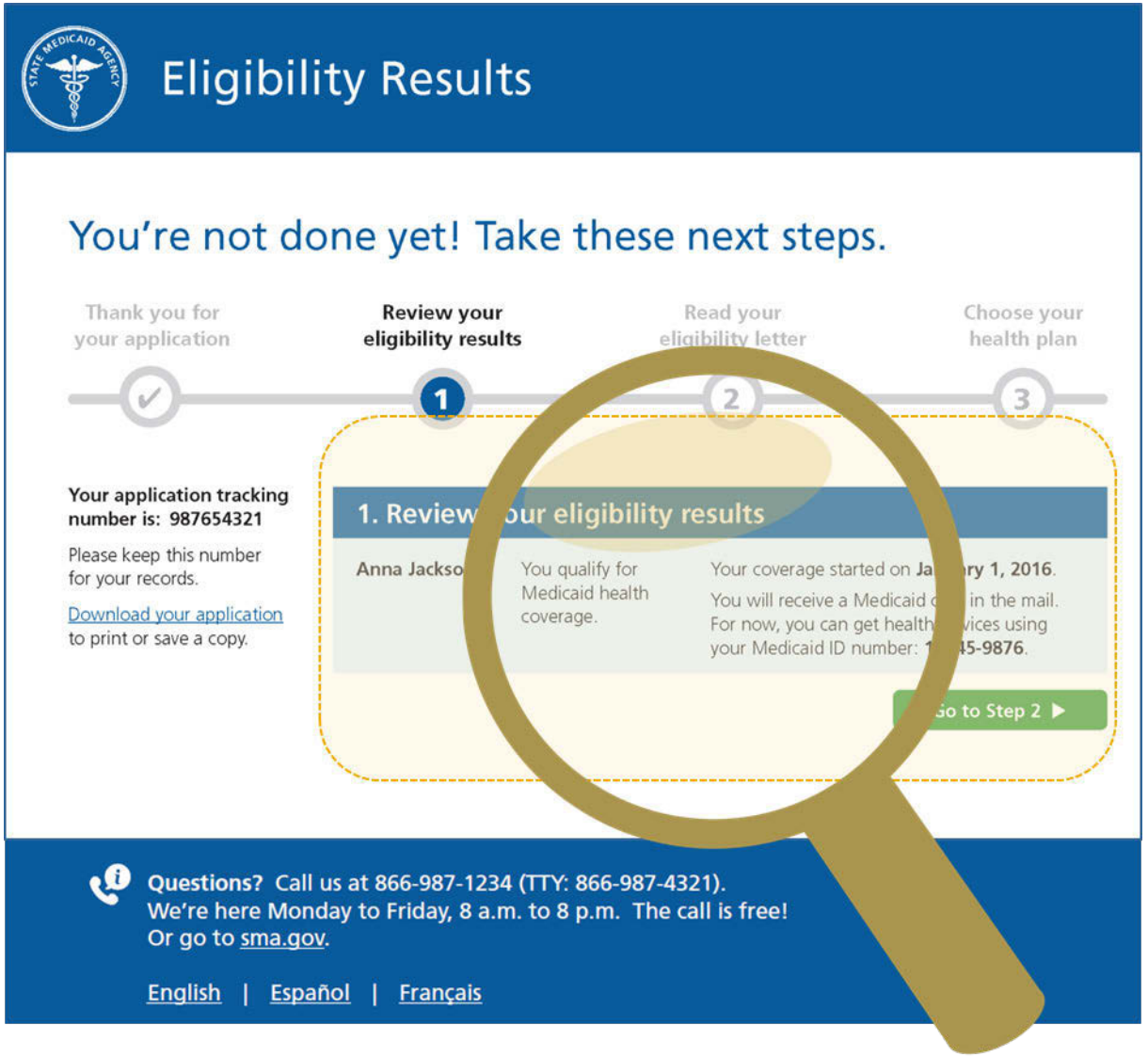
- Organized by person, then group by common programs to reduce repeating information
- Divider line to help delineate between coverage programs



Last step is to access care

- Consumer is guided to selecting a health plan or finding a participating provider
- Last step is tailored to state delivery system

Eligibility Results Page Framework:
Looking Closer at Specific Steps



Eligibility Results Page Framework:
Looking Closer at Step 1

STEP 1

- Review your eligibility results

STEP 2

- Read your eligibility letter

or

- Send us the information we need

STEP 3

- Access care

or

- Choose health plan

or

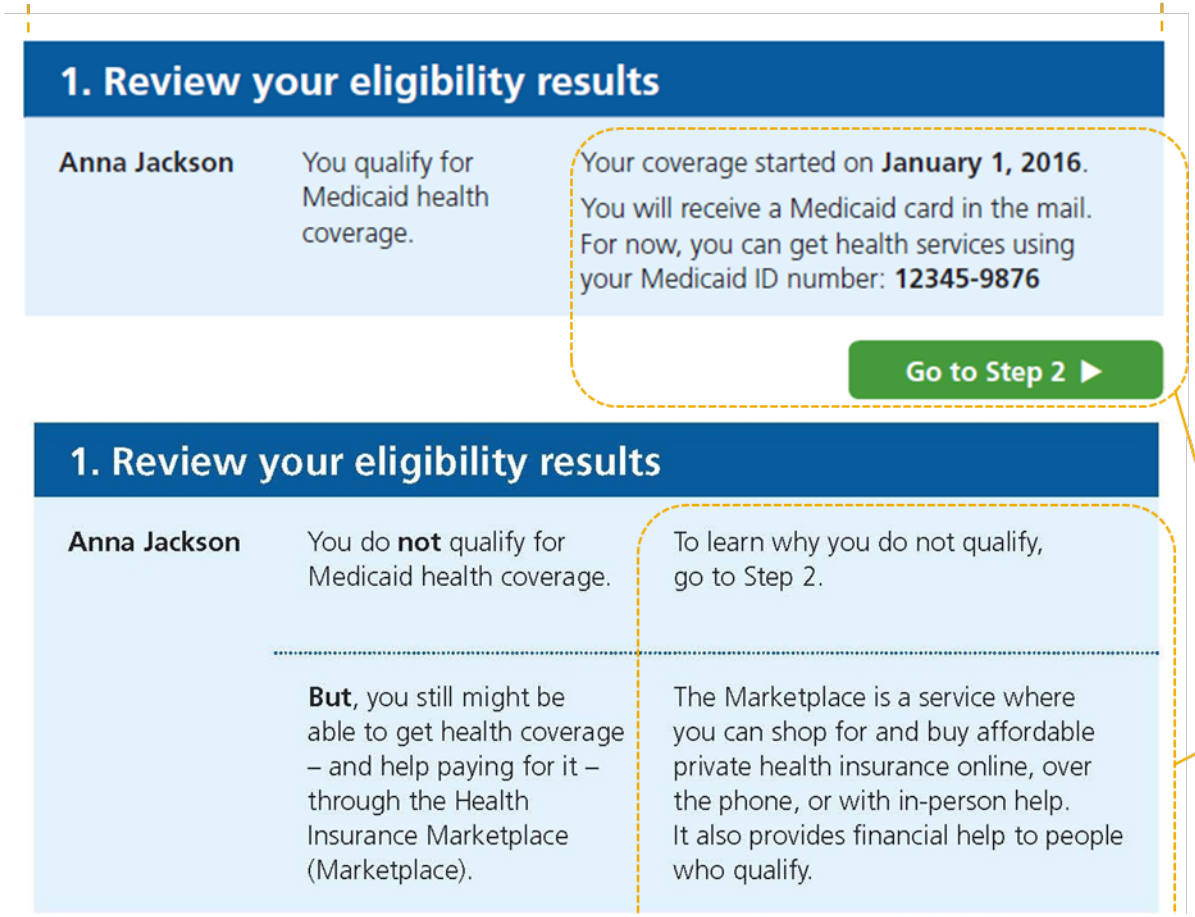
- Send us more information

or

- Complete your Marketplace application

Step 1. Review your eligibility results

First step provides snapshot of eligibility determination



1. Review your eligibility results

Anna Jackson	You qualify for Medicaid health coverage.	Your coverage started on **January 1, 2016**. You will receive a Medicaid card in the mail. For now, you can get health services using your Medicaid ID number: **12345-9876**

Go to Step 2 ▶

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.

Three column format

- Uses three column format to present eligibility information consistently
- *1st Column:* Individual(s) name
- *2nd Column:* Eligibility determination results
- *3rd Column:* Important eligibility details such as coverage start date, ID number, or what to do next

Focus on key eligibility details

- Eligibility results page not intended to replace notice but to succinctly communicate result at a high-level and next steps
- 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

Eligibility Results Page Framework:
Looking Closer at Step 2

STEP 1

- Review your eligibility results

STEP 2

- Read your eligibility letter

or

- Send us the information we need

STEP 3

- Access care

or

- Choose health plan

or

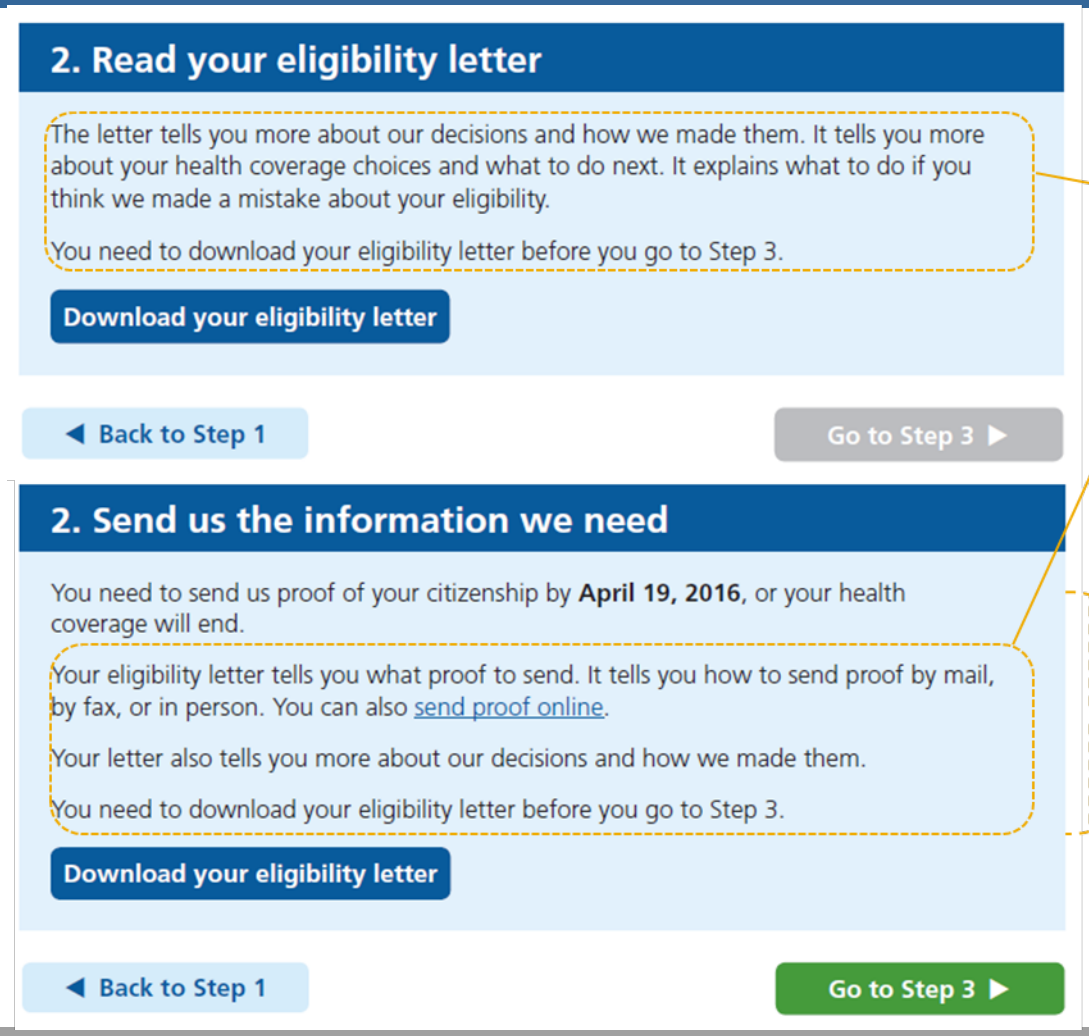
- Send us more information

or

- Complete your Marketplace application

Step 2. Read your eligibility letter

Second step always directs consumer to eligibility notice



Importance of notice

- Explains what information is in the notice
- Notifies consumer they must download notice in order to move forward

Balancing messages

- For consumers who are eligible for Medicaid in a reasonable opportunity period, they will see a message to send additional information as well as downloading their notice
- This variation prioritizes the message to send proof so consumers can keep their coverage but also highlights that the eligibility notice gives more options for a consumer in sending proof

Eligibility Results Page Framework:
Looking Closer at Step 3

STEP 1

- Review your eligibility results

STEP 2

- Read your eligibility letter

or

- Send us the information we need

STEP 3

- Access care

or

- Choose health plan

or

- Send us more information

or

- Complete your Marketplace application

Step 3. Start using your health coverage

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state

Consumer determined eligible for Medicaid in a fee-for-service state.

Fee-for-service

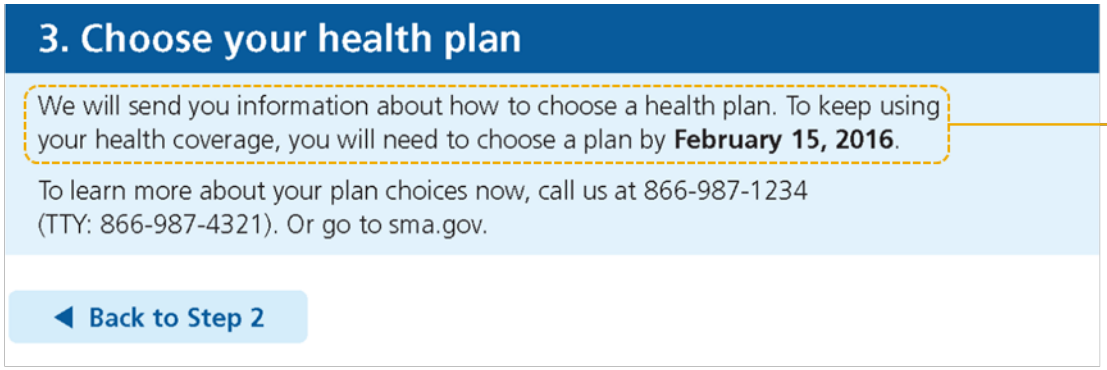
- Informs consumer they are able to use their coverage now
- Directs consumer to find a provider that accepts Medicaid

Step 3. Choose your health plan

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state

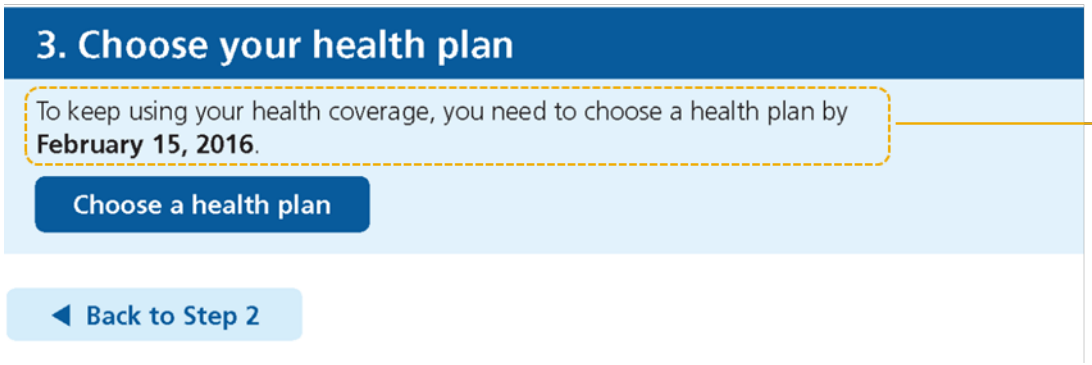
Consumer determined eligible for Medicaid in a managed care state.

These pages illustrate variations in online plan selection capacity.



Managed care state without online plan selection

- Informs consumer that they must choose plan, they will be sent information, and of deadline to choose a plan



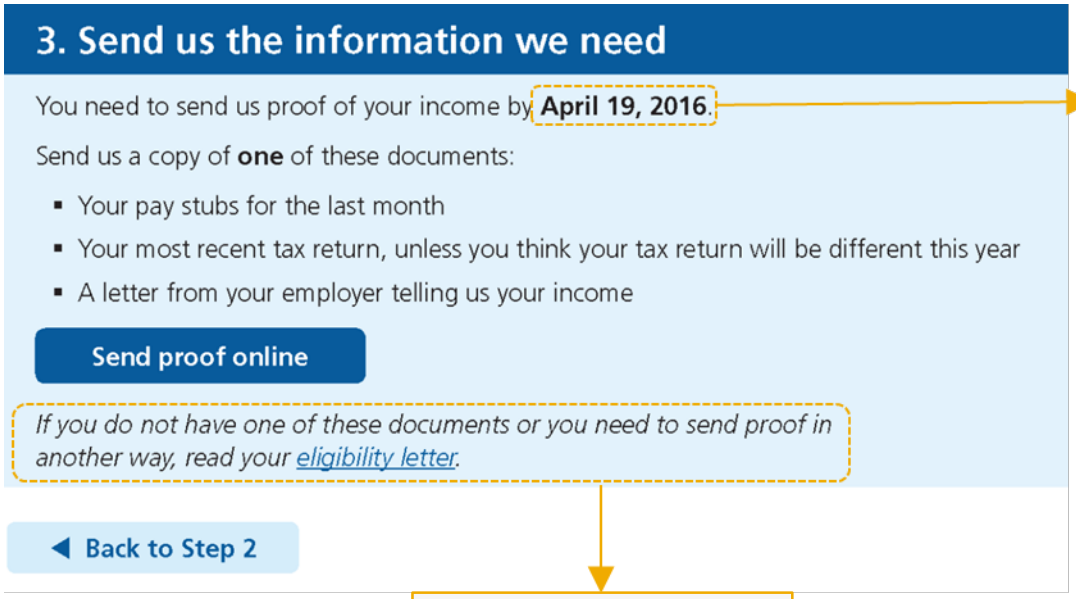
Managed care state with online plan selection

- Informs consumer that they must choose plan and of deadline to choose
- Directs consumer to online plan selection

Step 3. Send us the information we need

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state

Consumer must submit additional information to complete application and receive an eligibility determination.



Request for additional information

- Informs consumer of deadline to send information and types of documents to send

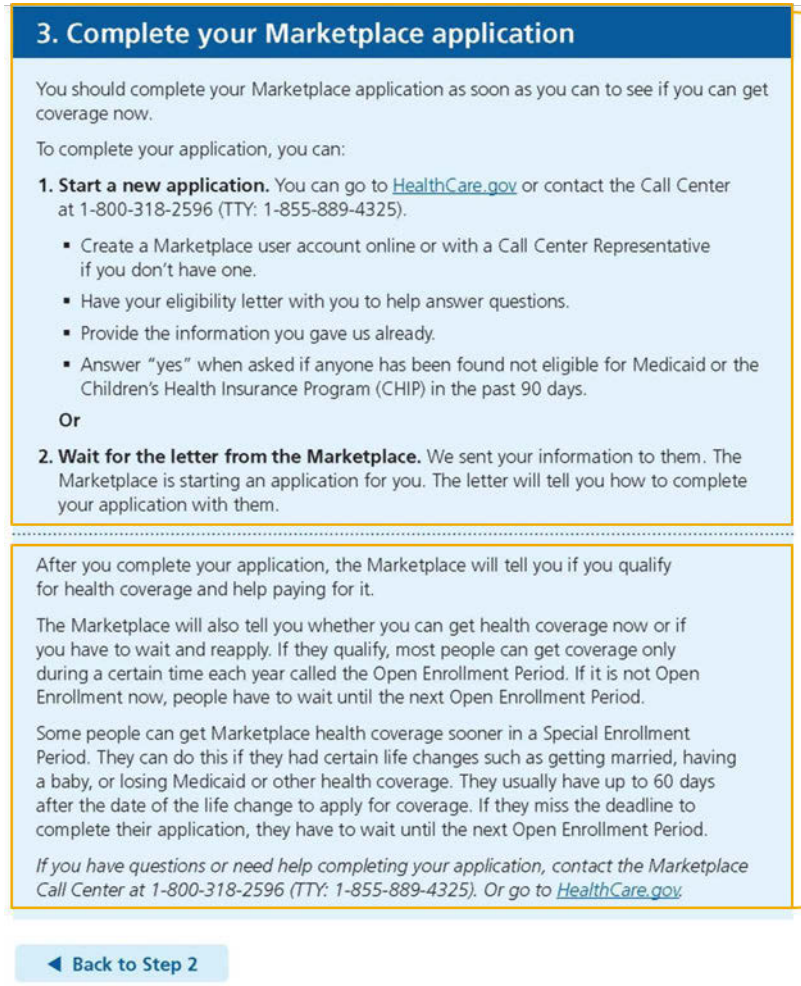
Notice

- Reiterates importance of reading notice

Step 3. Complete your Marketplace application

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state

Consumer is determined ineligible for Medicaid in an FFM state.



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

Because account is being transferred to another agency, chose to provide more detailed information in order to explain adequately what is happening and options and considerations for the Marketplace application.

See following slides for more details.

Step 3. Complete your Marketplace application

Third step prompts consumer to complete next steps which vary by eligibility result and service delivery system in place in the state

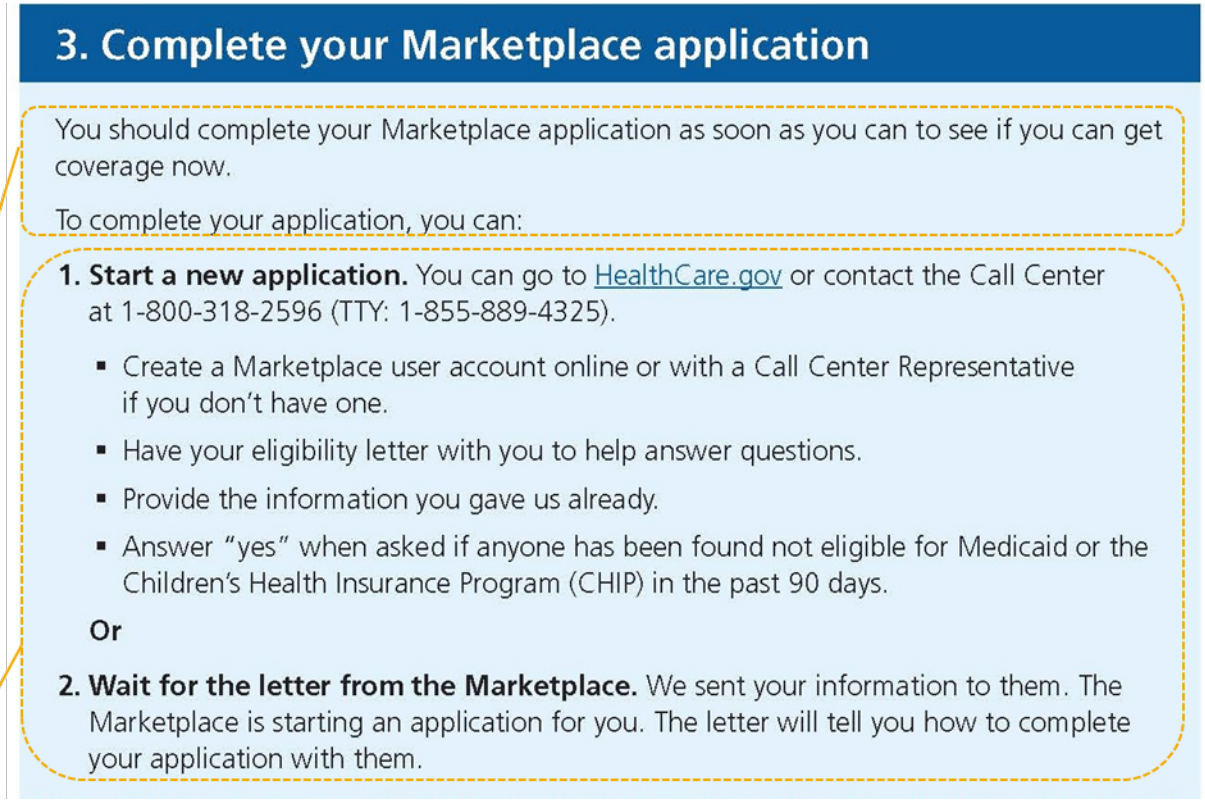
Consumer is determined ineligible for Medicaid in an FFM state.

Balancing timing considerations

- Conveys time urgency if close to end of Open or Special Enrollment Period
- However, also sets expectations if not during Open Enrollment Period or consumer not eligible for Special Enrollment Period, and consumer cannot enroll immediately

Clear options for completing Marketplace application

- Testing showed that consumers didn't understand or only partially understood how to apply to the Marketplace
- Re-organized key messages to clearly delineate two options for consumer to complete Marketplace application
- Provides specific instructions and link to start new application



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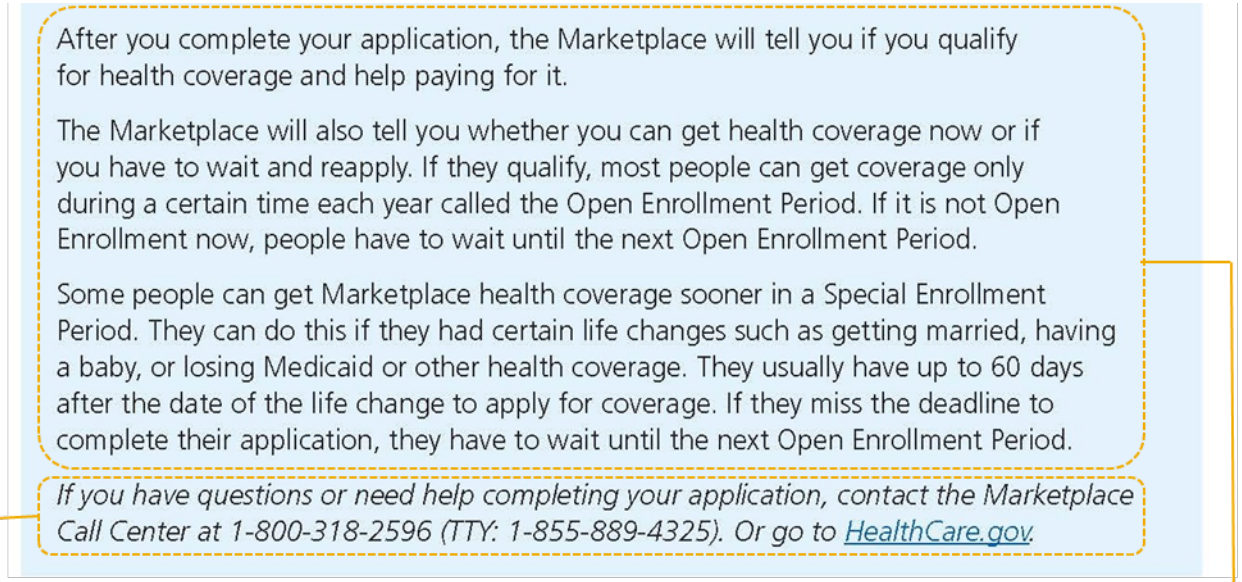

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If you have questions or need help completing your application, contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Or go to HealthCare.gov.

Additional resources
- Directs consumer to Marketplace resources

Open and Special Enrollment Periods
- Provides additional details on Open and Special Enrollment Periods

Consumer Testing

Consumer Testing

Model eligibility results pages were tested with consumers and revised as a result of their feedback

Approach

- Conducted hour-long, 1:1 interviews with 48 adults between ages 23 and 64, who read, write and speak English, and with an education ranging from no formal education to graduate-level education
- Testing sites:
  - City of Alexandria Workforce Development Center
  - PA CareerLink® West Philadelphia
- Consumers reviewed 2 model eligibility results pages that are more complex and covered many of the key messages contained in the remaining model eligibility results pages
  - Individual eligible for Medicaid during reasonable opportunity period and must send additional proof of citizenship; and
  - Children eligible for Medicaid and parent ineligible for Medicaid and transferred to FFM

Consumer Testing

Consumers interviewed by MAXIMUS Center for Health Literacy team and responded to 36 question interview protocol designed to:

Approach

- Determine if consumers can read and understand key messages and instructions
- Determine if consumers would take action based on key messages and instructions
- Assess consumers' ability to navigate the sample results pages
- Identify challenges or barriers consumers face while using the sample results pages
- Understand consumers' overall impressions of the sample results pages

Findings From Consumer Testing

Model eligibility page framework and sample pages tested well

✓ **Easy to read and use**

42 of 48 participants' first impressions were that the sample results pages looked easy to read and use, 46 recognized the purpose of the results pages, and 45 understood the tracking bar navigation aid.

"It looks very easy and simple. It's telling you step by step very specifically what you need to do"

✓ **Driving to the eligibility notice**

46 participants fully or partially understood why they needed to download their eligibility notice.

"Eligibility letter tells you more about your decision and how they made it…You can't go to Step 3 unless you do it."

✓ **Clicking over scrolling**

39 participants preferred clicking through three short pages to scrolling over one long page.

"I would prefer clicking because scrolling is too much information on one sheet. Clicking takes you step by step and you will not get lost in all the information. It would be too much at one time."

Findings From Consumer Testing

✓ **Confusion with Marketplace**

Only 19 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.
- Once participants understood they may get coverage sooner, 40 preferred to start 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.

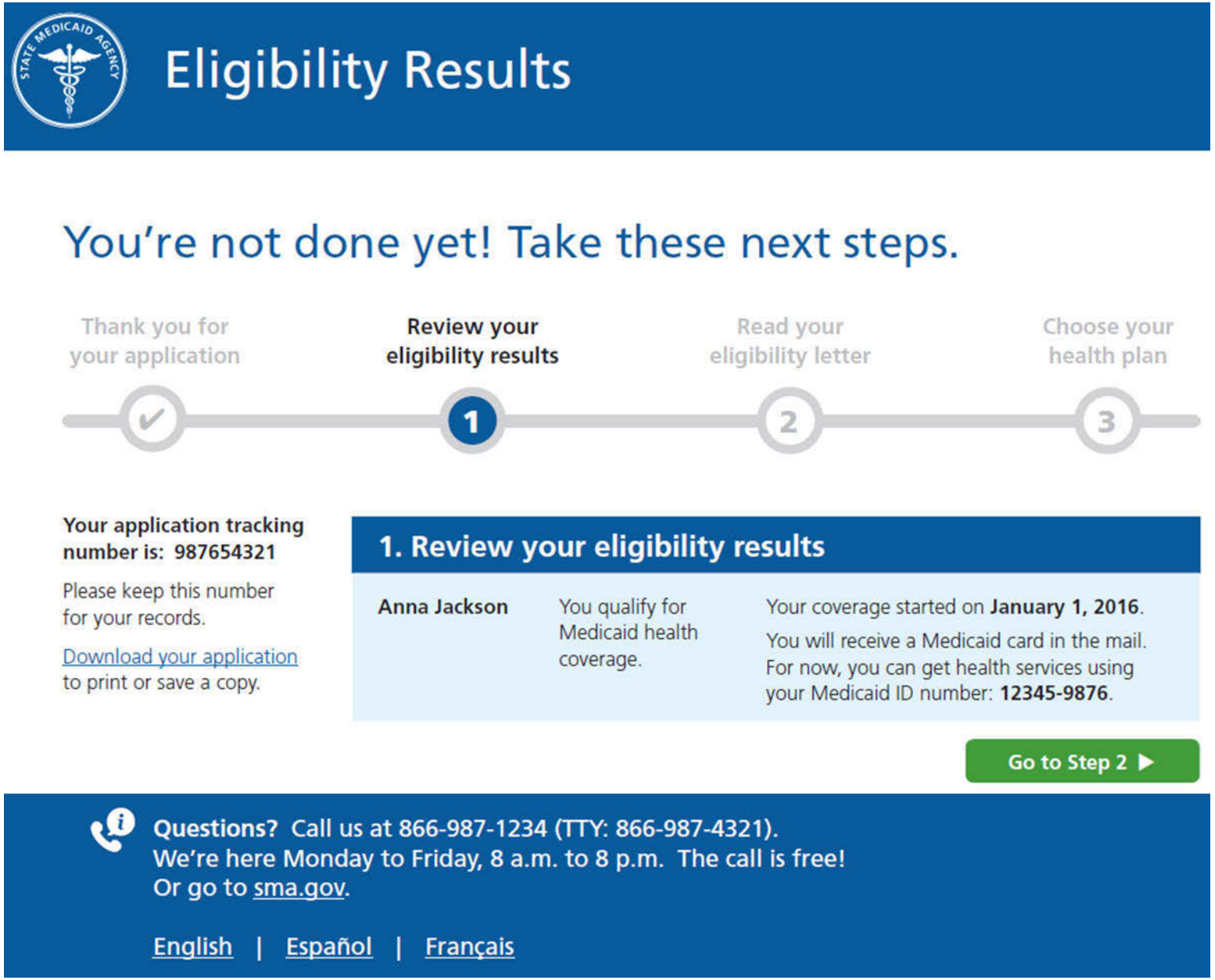
Revisions made to the framework and pages based on these findings

Framework Tailored to Scenarios

Scenario 1a

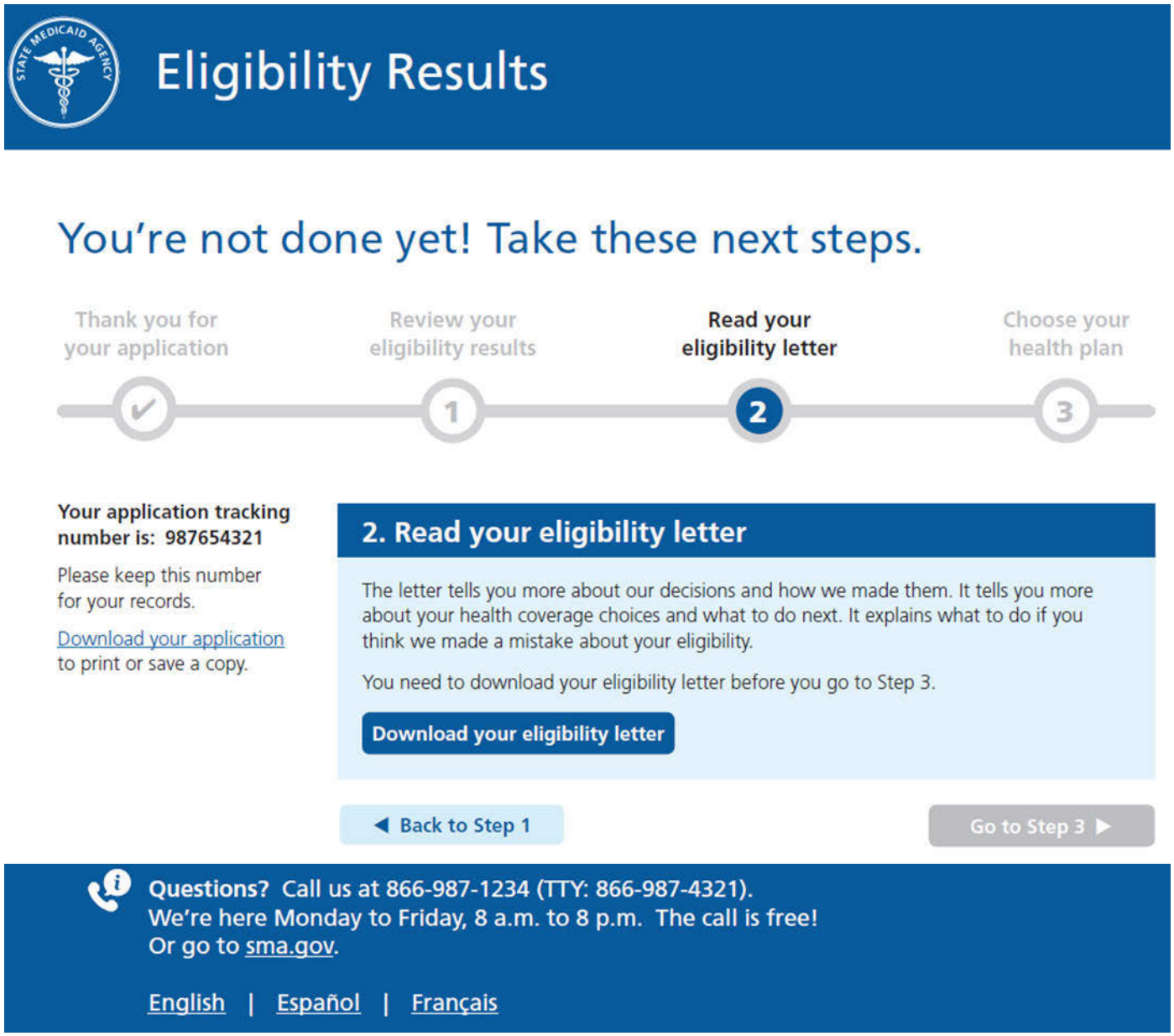
Eligible for Medicaid in a managed care state without online plan enrollment

Step 1. Review your eligibility results



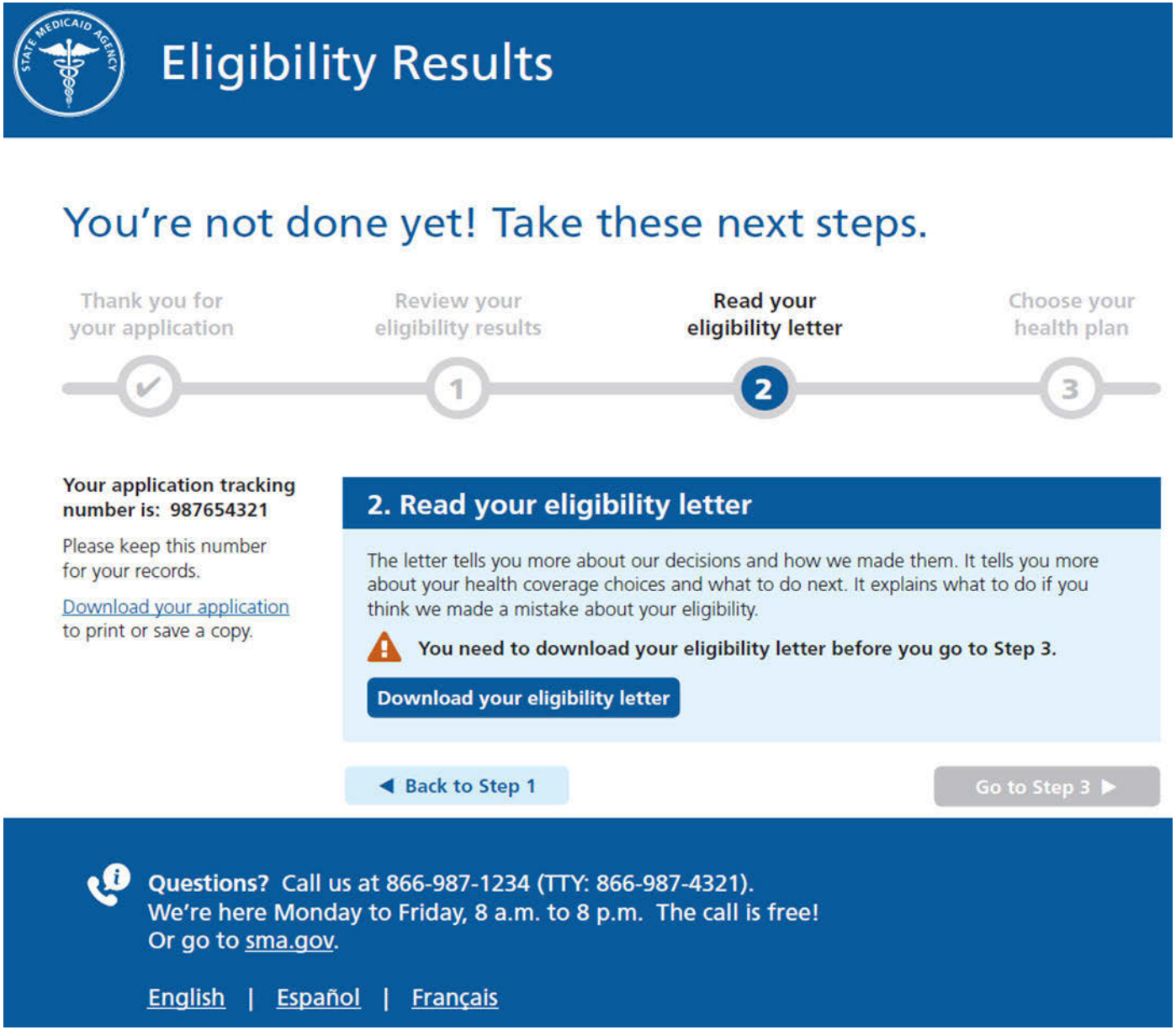
Medicaid and CHIP MAC Learning Collaboratives

Step 2. Read your eligibility letter



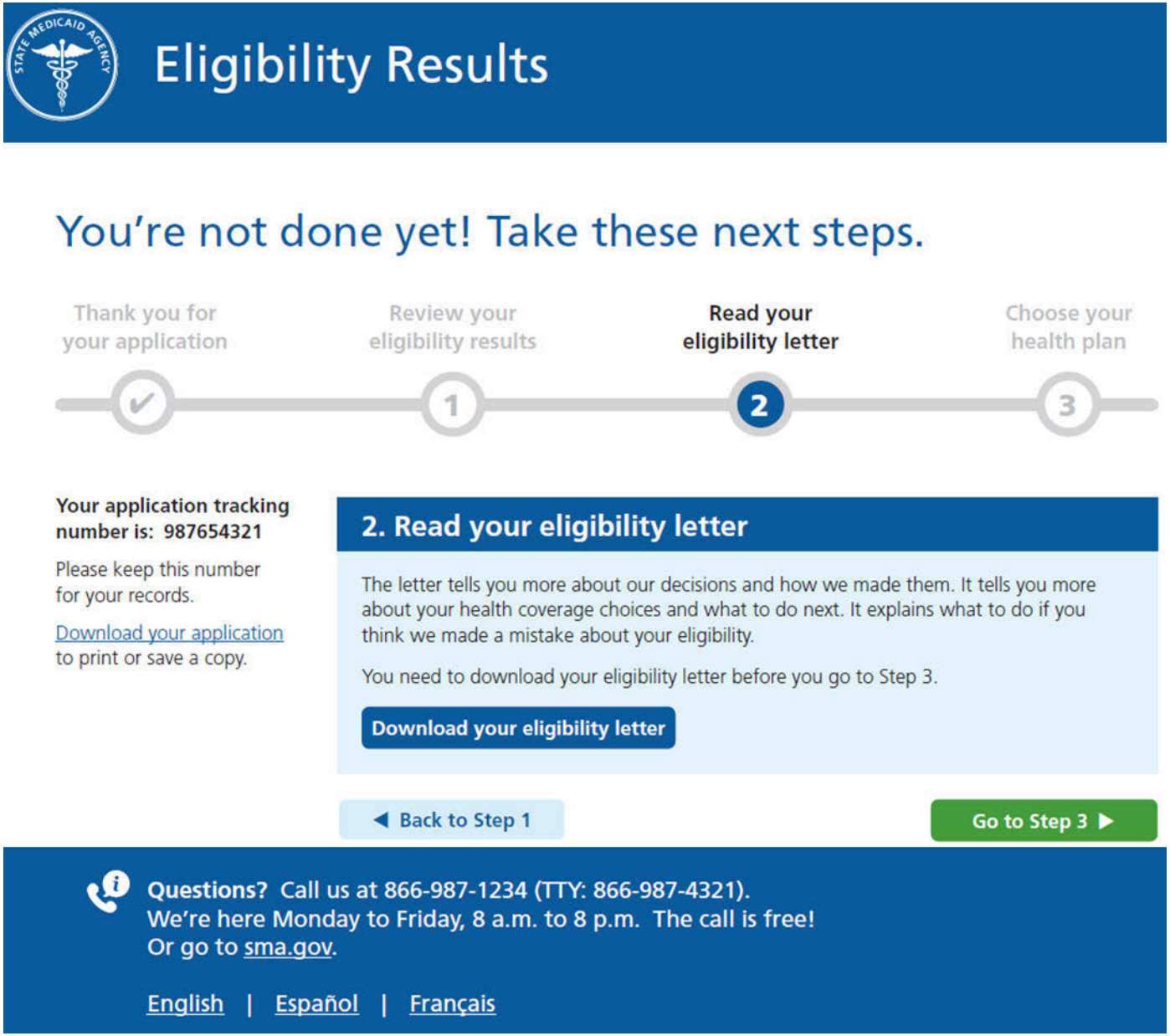
Medicaid and CHIP MAC Learning Collaboratives

Step 2. Read your eligibility letter



Medicaid and CHIP MAC Learning Collaboratives

Step 2. Read your eligibility letter



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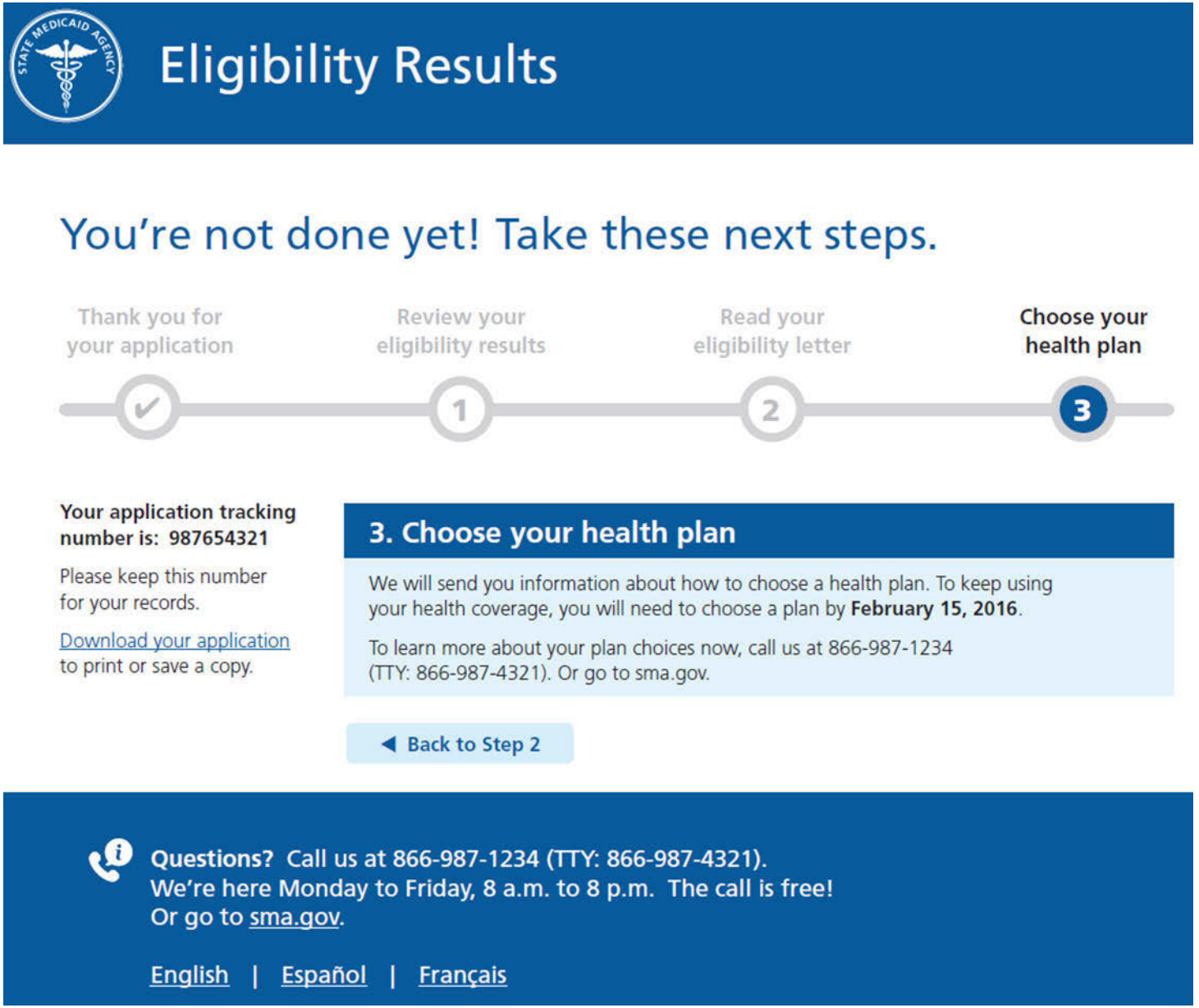
Step 3. Choose your health plan



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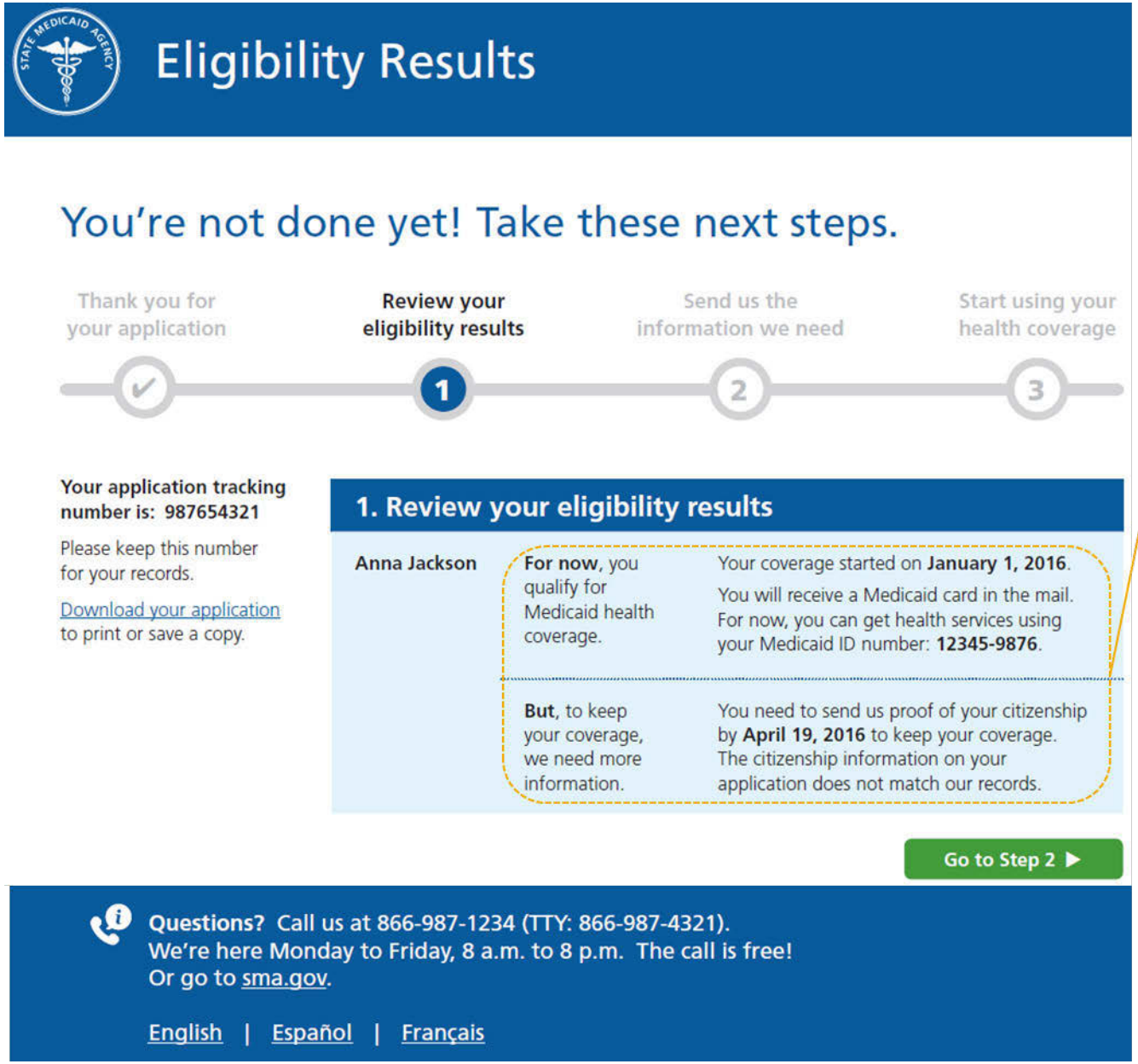
Scenario 3

Eligible for Medicaid during a reasonable opportunity period to provide citizenship documentation

Step 1. Review your eligibility results



- Balances two key messages for consumer:
  - Eligibility during reasonable opportunity period
  - Additional action required to keep coverage
- Using dividing line, "For now" and "but" helps to emphasize two-part message
- Eligibility details provide the coverage start date but also the deadline for submitting documentation required to maintain coverage

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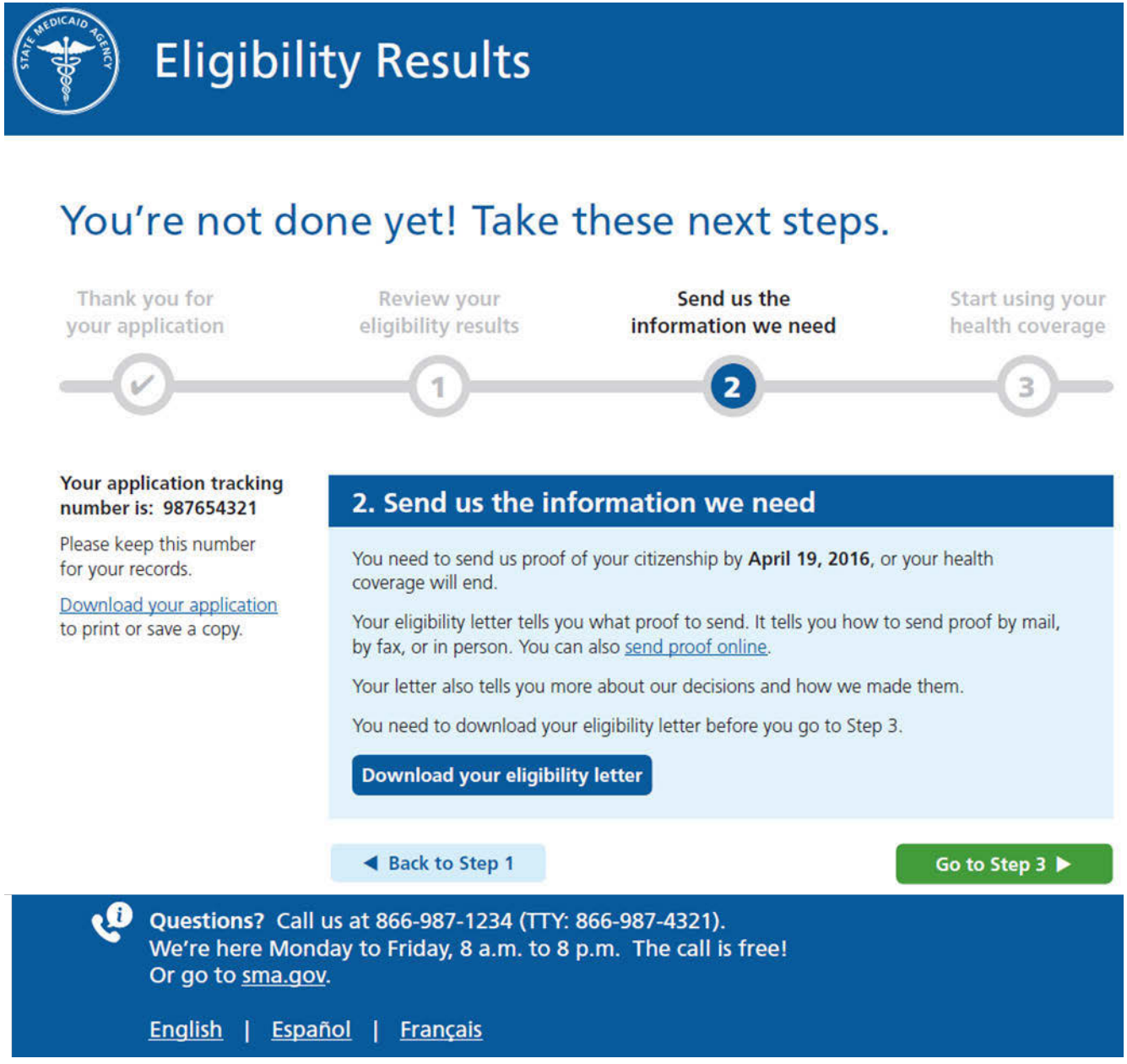
Step 2. Send us the information we need



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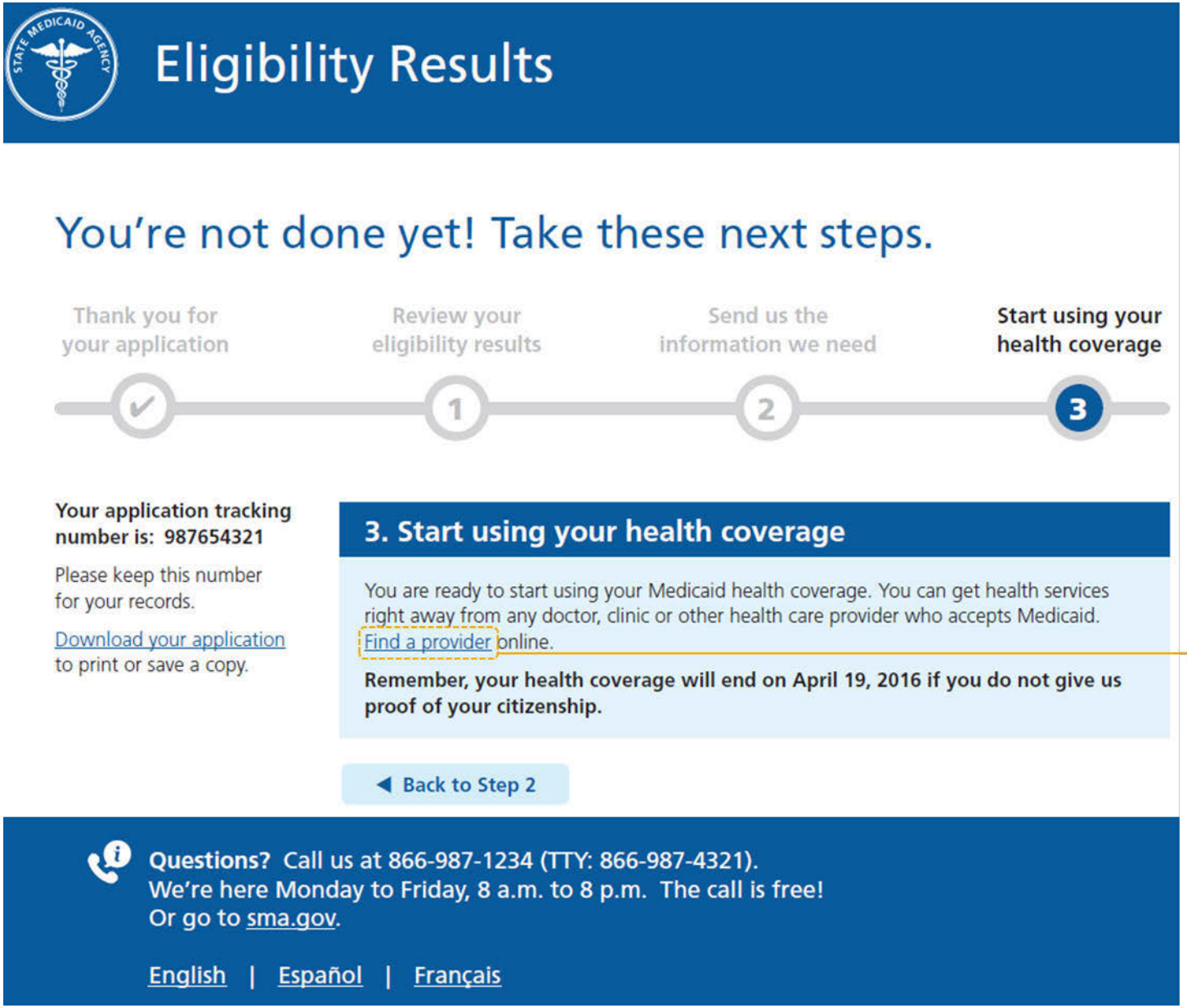
Step 3. Start using your health coverage



"Find a provider" is a hyperlink rather than a button to avoid competing with the bold text directly below

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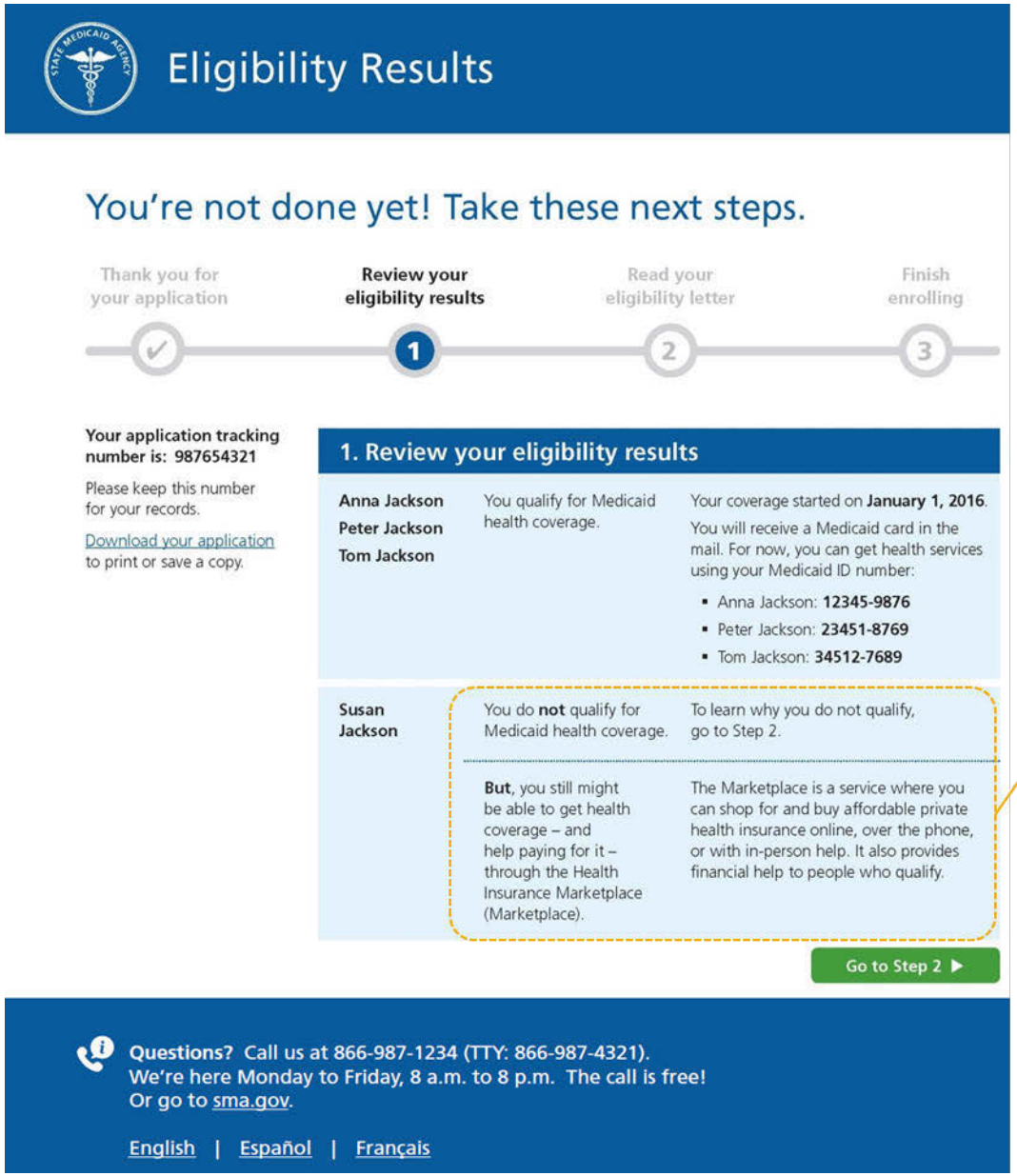
Scenario 5a
Mixed coverage family in Medicaid managed care and FFM state

Step 1. Review your eligibility results



Eligibility Results

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

Thank you for your application ✓ | **Review your eligibility results** 1 | Read your eligibility letter 2 | Finish enrolling 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 **Peter Jackson** **Tom Jackson**	You qualify for Medicaid health coverage.	Your coverage started on **January 1, 2016**. You will receive a Medicaid card in the mail. For now, you can get health services using your Medicaid ID number: ▪ Anna Jackson: **12345-9876** ▪ Peter Jackson: **23451-8769** ▪ Tom Jackson: **34512-7689**
Susan 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

- Balances two messages for consumer ineligible for Medicaid and potentially eligible for Marketplace coverage
- Directs consumer to eligibility notice for details on Medicaid denial
- Provides consumer with an explanation of Marketplace

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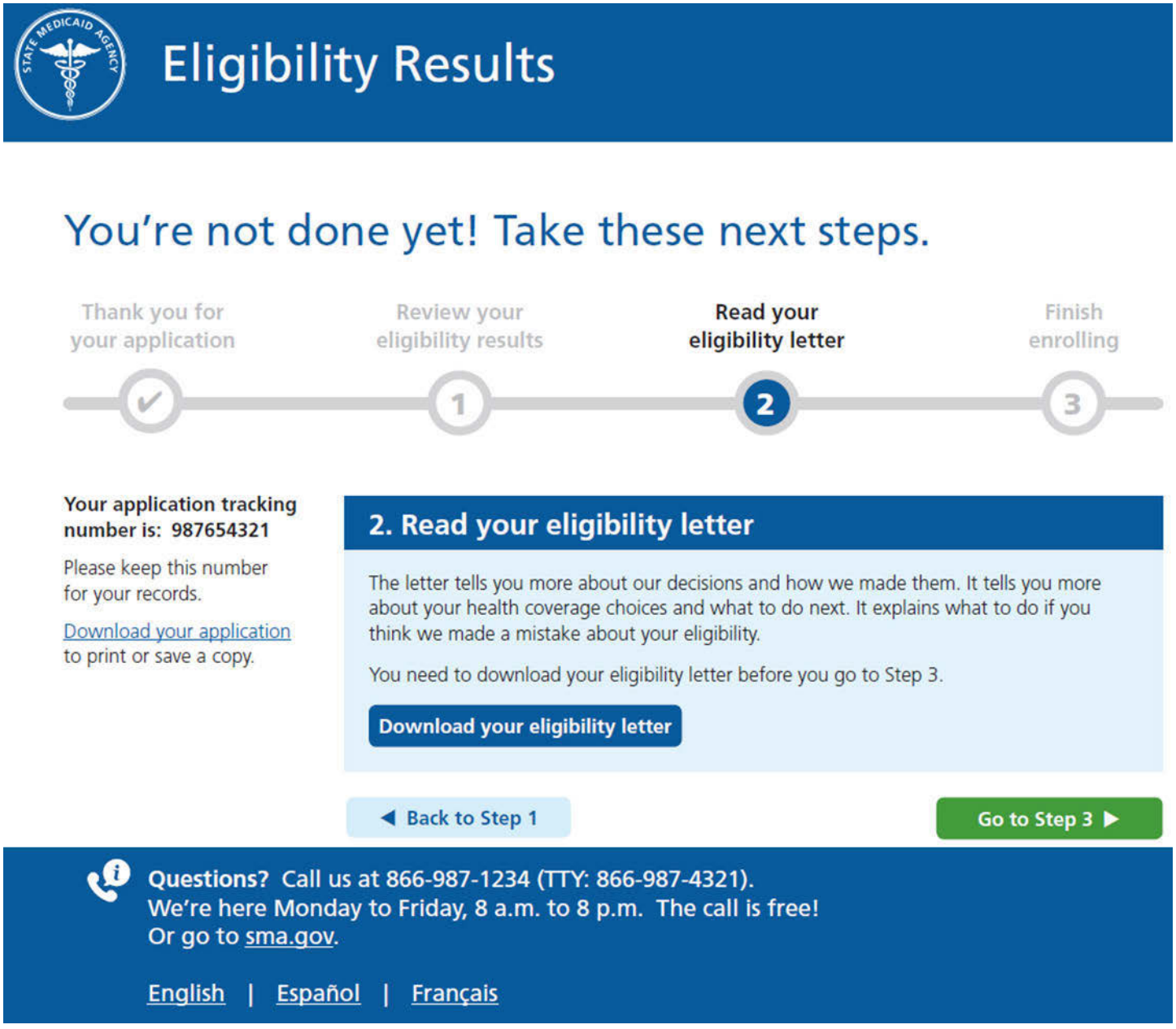
Step 2. Read your eligibility letter



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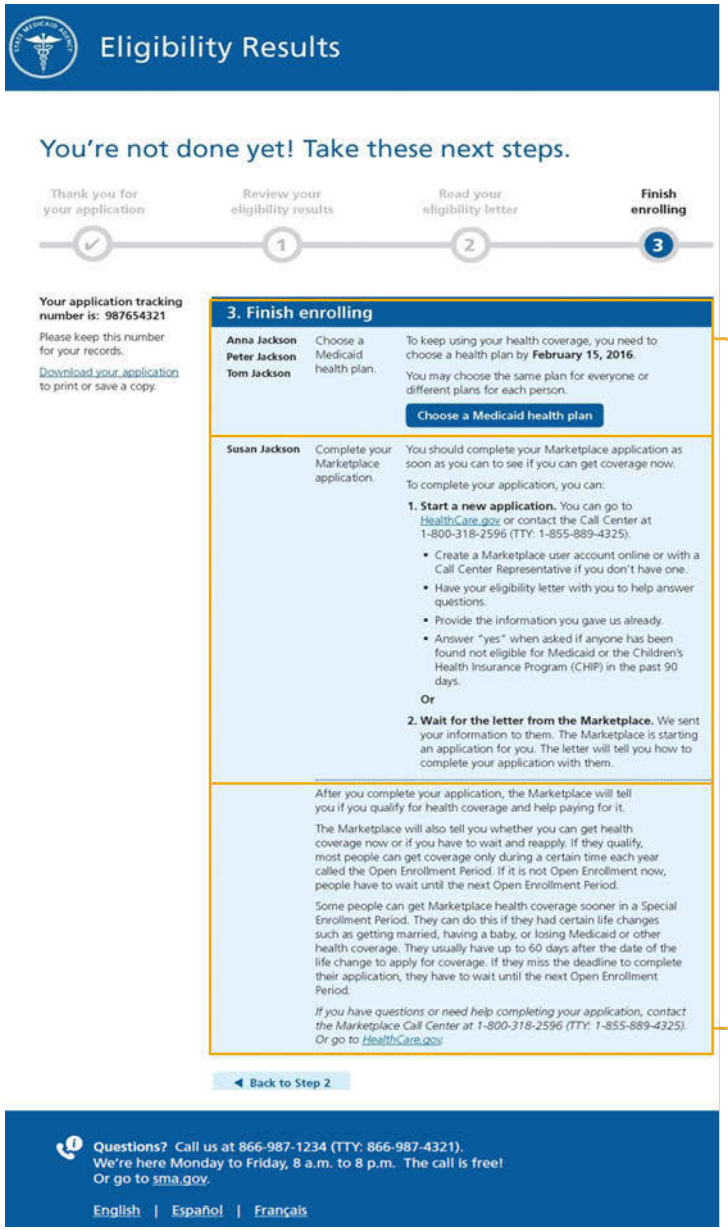
Step 3. Finish enrolling



See following slides for more details

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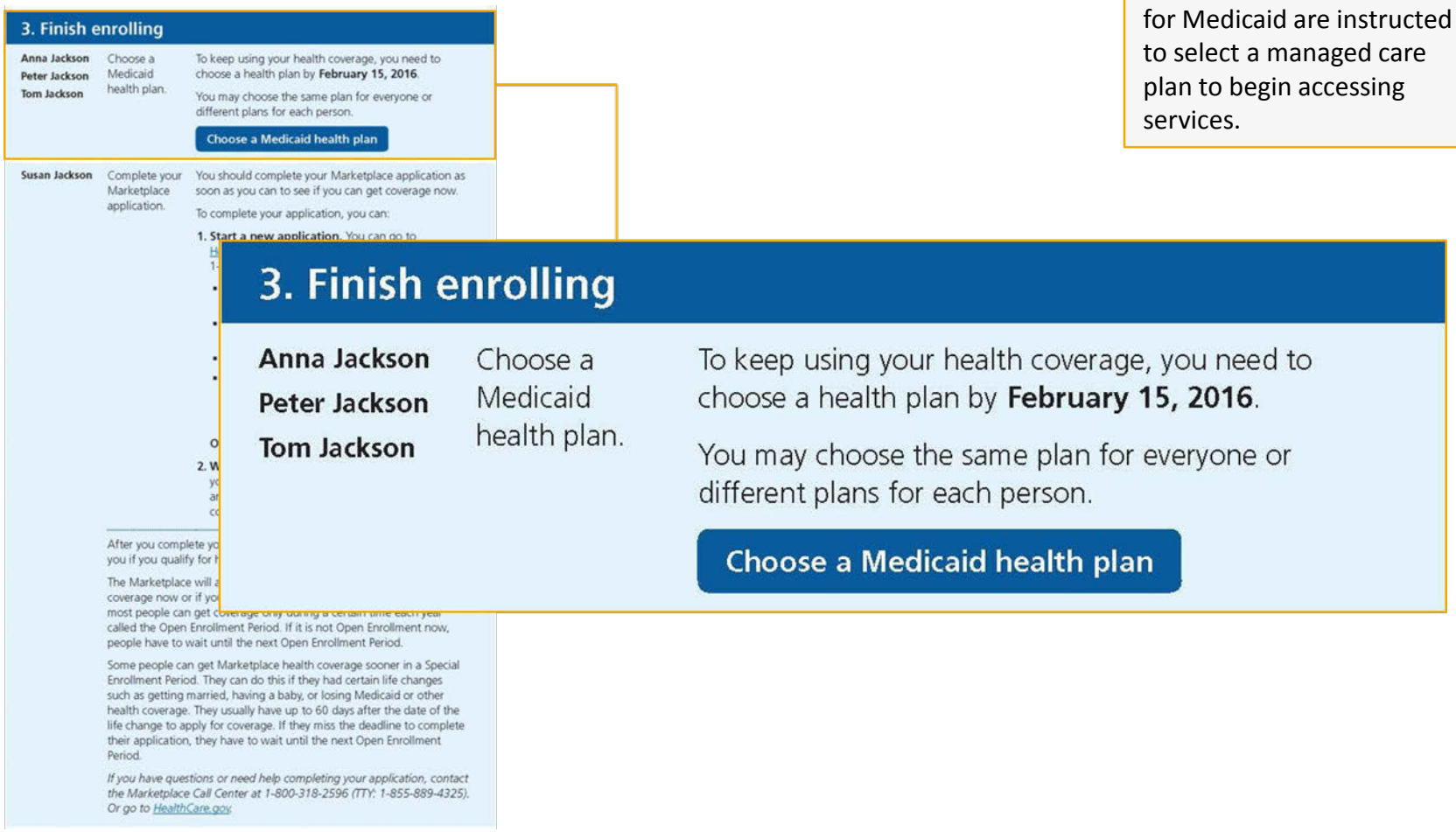
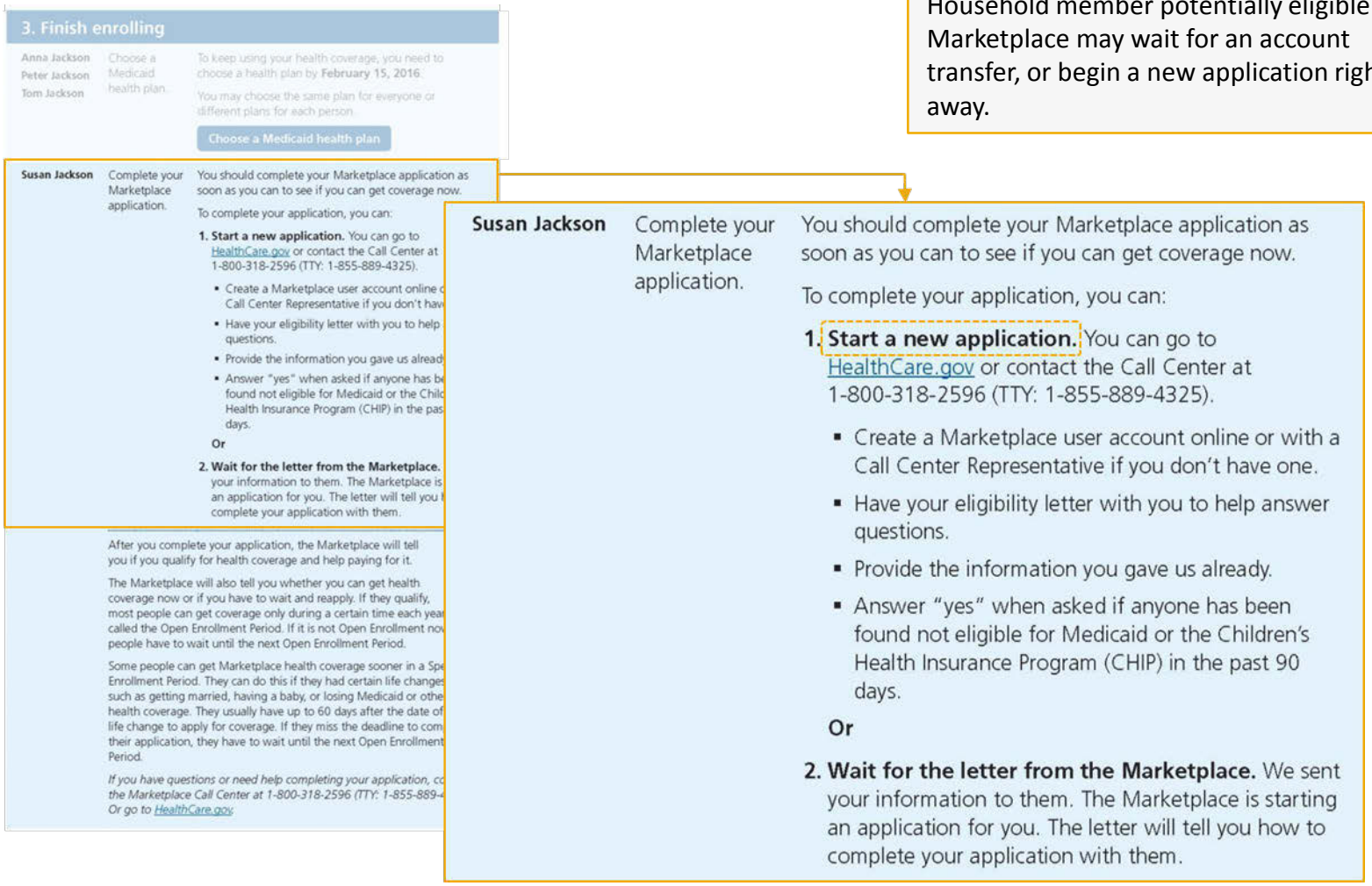
Step 3. Finish enrolling

Household members eligible for Medicaid are instructed to select a managed care plan to begin accessing services.



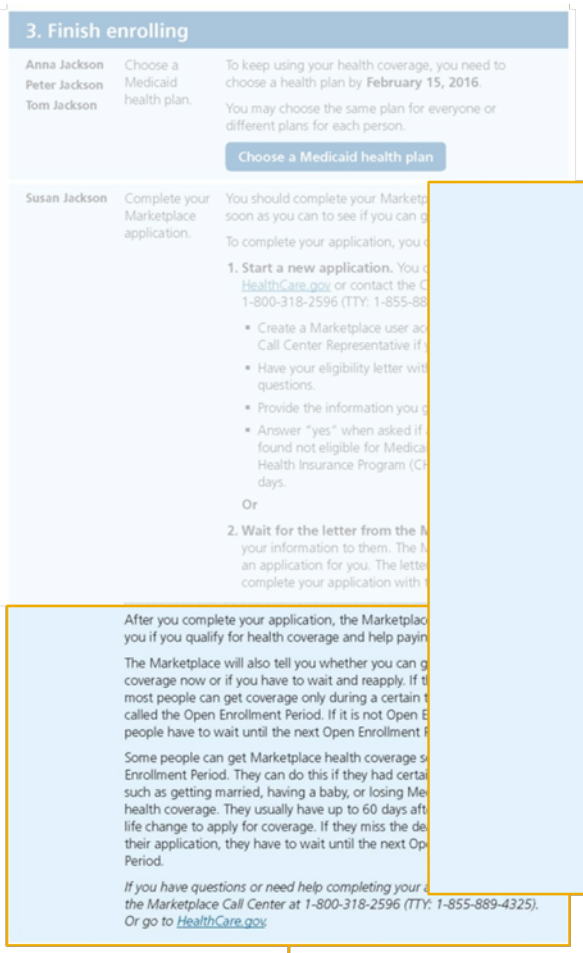
Step 3. Finish enrolling

Household member potentially eligible for Marketplace may wait for an account transfer, or begin a new application right away.



Step 3. Finish enrolling

Information on enrollment periods is provided along with contact information for the Marketplace.



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.

State Implementation Considerations

State Implementation Considerations

- States' capability to generate online eligibility results pages dependent on capabilities for online application, real-time eligibility determination and eligibility notice generation
- Even if unable to implement eligibility results pages fully, states could leverage model eligibility results pages for best practices for wording, design and layout
- States could also apply framework and messages for the development of eligibility results pages for additional eligibility scenarios
- States may wish to consider enabling download and saving of eligibility results page so consumers can have the page available for future reference

Health Literacy Best Practices

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

Health Literacy Best Practices: Design

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

Next Steps

Wrap Up

Next Meeting

A deeper dive for FFM states relating to the inbound account transfer to the Marketplace, including:

- ✓ Understanding the consumer perspective
- ✓ Key consumer messages
- ✓ Model consumer notice language
- ✓ Q&As for eligibility workers and consumer assisters

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: Eligibility Results Scenarios

Eligibility Results Page Framework: Assumptions and Variables

Eligibility results pages may vary based on consumer and state variables. The project team made assumptions and selected different variables in consumers' eligibility circumstances and states' Medicaid delivery system and Marketplace models.

Assumptions	
Application Entryway	State Medicaid/CHIP Agency
Application Modality	Online
Communication Modality	Online
Triggering Event	Application
Medicaid Category	MAGI
Issuing Agency	State Medicaid/CHIP Agency
Variables	
Household Composition	• Individual • Multi-person family
State Marketplace Model	• State-based Marketplace (SBM) • Federally-facilitated Marketplace (FFM) (or, State-Partnership Marketplace)

State Medicaid Delivery System Model	• Medicaid managed care (MMC)
	  ○ With online plan enrollment
	  ○ Without online plan enrollment
	• Fee-for-service (FFS)

Model Eligibility Results Scenarios

#	Scenario	Eligibility Result	Assumptions/Variables Selected
1a	• Individual submits single streamlined application to the State Medicaid Agency (SMA). • SMA determines the individual eligible for Medicaid.	Individual eligible for Medicaid in managed care state with plan selection by mail	• Application date: January 15, 2016 • Medicaid managed care state with plan selection by mail
1b	• Individual submits single, streamlined application to the SMA. • SMA determines the individual eligible for Medicaid.	Individual eligible for Medicaid in managed care state with online plan enrollment	• Application date: January 15, 2016 • Medicaid managed care state with online plan enrollment
1c	• Individual submits single, streamlined application to the SMA. • SMA determines the individual eligible for Medicaid.	Individual eligible for Medicaid in FFS state	• Application date: January 15, 2016 • Medicaid FFS state
2	• Individual submits single, streamlined application to the SMA. • Individual appears eligible for Medicaid, but there is an inconsistency based on income. • SMA requests additional information to complete the eligibility determination.	Individual appears eligible for Medicaid but requires additional income verification	Application date: January 15, 2016

Model Eligibility Results Scenarios

#	Scenario	Eligibility Result	Assumptions/Variables Selected
3	• Individual submits single, streamlined application to the SMA. • Individual appears eligible for Medicaid, but there is an inconsistency based on citizenship. SMA requests additional information. • Meanwhile, the individual is determined eligible for Medicaid during the reasonable opportunity period.	Individual eligible for Medicaid during reasonable opportunity period to provide citizenship information	Application date: January 15, 2016
4	• Individual submits single, streamlined application to the SMA. • Individual is determined ineligible for Medicaid.	Individual ineligible for Medicaid in FFM state	• Application date: January 15, 2016 • FFM state

Model Eligibility Results Scenarios

#	Scenario	Eligibility Result	Assumptions/Variables Selected
5a	• Individual submits single, streamlined application. • Children are determined eligible for Medicaid. • Adults are determined ineligible for Medicaid. • SMA issues notice that children are eligible for Medicaid and adults are being transferred to the Marketplace for APTC/CSR eligibility determination.	• Mixed coverage family in Medicaid managed care and FFM state. • Children eligible for Medicaid and able to enroll in plan online. • Parent ineligible for Medicaid and being transferred to the Marketplace for APTC/CSR eligibility determination.	• Application date: January 15, 2016 • Medicaid managed care state with online plan enrollment • FFM state
5b	• Individual submits an single, streamlined application to the SMA. • Children are determined eligible for Medicaid. • Adults are determined ineligible for Medicaid and eligible for a Qualified Health Plan (QHP) and Advanced Premium Tax Credit (APTC). State agency issues a combined notice.	• Mixed coverage family in Medicaid managed care and SBM state. • Children eligible for Medicaid and able to enroll in plan online. • Parent ineligible for Medicaid and eligible for APTC/CSR and QHP enrollment.	• Application date: January 15, 2016 • Medicaid managed care state with online plan enrollment • SBM state