



**Expanding Coverage Learning Collaborative  
All-State SOTA Meeting**

**Effective Communication in  
Eligibility-Related Determination Notices**

Thursday, June 29, 2017  
1:30 pm – 3:00 pm

- **Background**
- **Notice Requirements**
- **Health Literacy Best Practices**
- **Model Eligibility Notices**

**Background**

## Notices are a key component of a coordinated and streamlined eligibility and enrollment process



**Notices are critical to ensuring consumers can understand and use their health coverage and comply with program rules.**



**Historically, crafting effective eligibility notices has been challenging. States have identified challenges with:**

- ✓ Complexity of program rules, processes and concepts
- ✓ Translation of “legalese” and unfamiliar terms
- ✓ Balance of being concise yet comprehensive
- ✓ Coordination across agencies
- ✓ Systems limitations for producing notices
- ✓ Length of notices



**Many states have identified improving their eligibility and other notices as a priority. The Coverage Learning Collaborative has made notices and, more broadly, effective consumer communication a priority technical assistance area.**

# 2013 Model Eligibility Notices Toolkit

- To support states, the Coverage LC developed a model eligibility notices toolkit in 2013

## 2013 Model Eligibility Notices Toolkit

1. **Statutory & Regulatory Analysis** – reviewed federally required content of notices
2. **Messages Menu Set** – identified and organized key messages for notices
3. **Notice Template** – identified applicable messages based on 13 eligibility scenarios
4. **Model Notices** – translated the template into 13 model notices sent from State Medicaid/CHIP agencies to consumers

*Accessible at:* <https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/expanding-coverage.html>

- Developed and refined through a year-long process that included review and feedback from states and consumer advocates, and testing with consumers

- Reflected 2013 regulatory requirements:

- [Proposed Rule](#) (78 FR 4594), published January 22, 2013
- [Final Rule on selected provisions](#) (78 FR 42160), published on July 15, 2013 and effective October 1, 2013

# 2017 Model Eligibility Notices Update

- CMS issued a second [Final Rule](#) on November 30, 2016 that further modernized eligibility notice requirements

**“Medicaid and CHIP: Eligibility Notices, Fair Hearing and Appeal Processes for Medicaid and Other Provisions Related to Eligibility and Enrollment for Medicaid and CHIP”  
(81 FR 86382)**

*Effective: January 20, 2017*

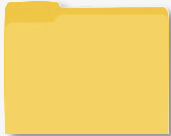
*Notice Provisions*

- 42 CFR 435.917
- 42 CFR 435.918
- 42 CFR 435.1200
- 42 CFR 431.206
- 42 CFR 431.210
- 42 CFR 457.340

- 2016 Final Rule refined content standards, provided states with flexibility in the use of coordinated and combined notices, and expanded access to expedited appeals

- To support states as they continue work to improve their notices, the Coverage LC has refreshed model notices and select tools based on 2016 Final Rule and additional operational experience

# Today's Learning Objectives



**Review eligibility notice requirements and health literacy best practices for notices**



**Provide an overview of updated model notices and how the models can be used**



**Discuss selected key messages**

# **Notice Requirements**



# Under What Circumstances are Notices Provided?

Notices are provided to applicants and beneficiaries for all decisions affecting Medicaid and CHIP eligibility, benefits and services

## Decisions requiring notice:

- Eligibility
  - Approval
  - Denial
  - Termination
  - Suspension
  
- Benefits and Services
  - Denial of benefit/services
  - Change in provision/level of benefits and services

**42 CFR**  
**435.917(a)**  
**457.340(e)**

## Such notices must be:

- Written in plain language
- Accessible to persons who are limited in English proficiency and individuals with disabilities

# What is Included in an Approval Notice?

Approval notices provide basic eligibility and enrollment information, as well as basic information on benefit levels and covered services

## Content Requirements:

- Basis and effective date of eligibility
- Circumstances that may affect eligibility and procedures for reporting a change
- Any applicable spend-down requirements
- Basic coverage information, including any difference in benefits or services available to individuals enrolled in benchmark or benchmark-equivalent coverage or in an alternative benefit plan
- Premium and/or cost sharing obligations
- How to receive additional information on benefits and financial responsibilities
- Right to appeal the eligibility status or level of benefits

**42 CFR  
435.917(b)  
457.340(e)(1)(i)**

### Include the following with a MAGI-based Medicaid approval:

- Basic information on non-MAGI bases of eligibility
- Services and benefits afforded to individuals eligible on a non-MAGI basis
- Process for requesting a non-MAGI determination

**42 CFR  
435.917(c)**

# What is Included in an Adverse Action Notice?

11

Adverse action notices explain the action being taken and the individual's right to appeal such action

## Content Requirements:

- Action the agency intends to take—denial, termination, suspension, change in benefits/services and cost-sharing
- Effective date of the action
- Specific reasons supporting the intended action
- Specific regulations, or changes in Federal or State law, that support the action
- Explanation of right to appeal the action and timing
- If the determination is based on MAGI, information on potential eligibility for another insurance affordability program and transfer of the individual's account to such program

**42 CFR**  
**435.917(b)(2)**  
**431.210**  
**457.340(e)(1)(ii)**

## Timing Requirements:

- Send notice at least 10 days before the date of the adverse action

**42 CFR**  
**431.211**

# What Non-MAGI Information is Included in an Adverse Action Notice?

12

An adverse action notice regarding a MAGI determination includes sufficient information about other bases of eligibility

**If the Medicaid agency is not currently evaluating the individual on a non-MAGI basis, the adverse action notice includes:**

- Basic information on non-MAGI bases of eligibility covered by the state
- Services and benefits afforded to individuals eligible on a non-MAGI basis
- Process for requesting a non-MAGI determination

**42 CFR  
435.917(c)**

***Information must be sufficient to enable the individual to make an informed choice about pursuing a non-MAGI determination***

**If non-MAGI eligibility is under consideration, the adverse action notice indicates that:**

- The applicant is being evaluated for Medicaid on a non-MAGI basis
- The applicant's account will be transferred to another insurance affordability program while the non-MAGI determination proceeds
- Enrollment in other programs will not affect eligibility for Medicaid on a non-MAGI basis

**42 CFR  
435.1200(h)(3)**

# What is Included in Notices about Medicaid Fair Hearings and CHIP Reviews?

13

Medicaid and CHIP notices inform applicants and beneficiaries of their rights, the process, and the timeline for a fair hearing or review

## Notice information includes:

- Right to a Medicaid fair hearing or CHIP review
- How to request a fair hearing or review
- Right to an expedited fair hearing or review
- Applicants/beneficiaries can represent themselves or be represented by legal counsel, relative, friend or other spokesperson
- Circumstances under which enrollment may continue pending a fair hearing or review
- Timeframes in which the agency must take final administrative action

**42 CFR**  
**431.206(b)**  
**457.1130**  
**457.1180**

# What is the Electronic Notice Option?

Applicants and beneficiaries have the option to receive notices electronically, through posting to the individual's electronic account

## Requirements:

- Provide individuals with a choice to receive notices or information electronically or by regular mail
- Confirm via regular mail an individual's election to receive electronic notices, make clear that the election can be changed, and provide instructions on how to change the election in the future
- Post electronic notices within one business day of notice generation and send an email alerting the individual of the posting. Confidential information cannot be included in the email or electronic alert
- Send a notice by regular mail within three business days of any failed electronic communication
- At the individual's request, provide any notice through regular mail

**42 CFR  
435.918**

# Why Are Coordinated Content and Combined Notices Used?

**Coordinated notice content and combined notices reduce consumer confusion and avoid duplicative administrative activity**

**Coordinated content for individuals or households that do not receive a combined eligibility notice, might include as applicable:**

- Information on the transfer of electronic account to another insurance affordability program
- Status of household members (on same application or renewal) whose eligibility is not yet determined
- Information on the potential impact of a Medicaid or CHIP determination on eligibility for another insurance affordability program (and vice versa)

**42 CFR  
435.4  
435.917(d)  
435.1200(h)  
457.10  
457.340(f)  
457.348**

**Combined notices convey for an individual, or multiple family members of a household, the eligibility determination for each insurance affordability program and other key information (e.g., eligibility basis, appeals etc.). Combined notices are provided by the last entity to “touch” an application or renewal.**

States may phase in increased use of combined eligibility notices gradually over time as system capability matures

# **Health Literacy Best Practices**



## Content



- Organization from the consumers' perspective
- Key messages first and prominent
- Information divided into one-topic paragraphs
- Meaningful, descriptive headings
- Definitions for necessary technical terms
- Streamlined information
- Tell readers what the notice is about and what action they must take

## Language



- Clear, simple wording for headings
- Instructions for needed actions in clear, numbered steps beginning with an action verb
- Friendly tone
- Active voice
- Parallel construction
- Short, simple paragraphs and sentences
- Common, familiar words (avoid jargon)

## Design



- For paragraph text, font size equivalent to 12 point Times New Roman with leading (space between lines) of 120%-150%, using sans serif fonts when possible
- Size variation between the paragraph text and the different levels of headers
- Short line lengths, between 10 and 16 words
- Key words and dates in bold, used sparingly and in appropriate places
- Left alignment on all of the paragraph text
- Contact information on every page
- Retain sufficient white space in margins and between sections

# **Model Eligibility Notices**





The updated notice toolkit includes 13 model eligibility notices, each addressing a specific eligibility scenario

## The updated model notice toolkit:

- 11 notices for state Medicaid agencies
- 2 notices for stand-alone state CHIP agencies
- Added expedited appeals/review option and timing of final administrative action on appeals and reviews
- New language for coordinating with the Federally Facilitated Marketplace (FFM), including model language on
  - How to complete an application with the Marketplace (Notices 6, 8, 10, 12, 13)
  - Action items consumers need to take if they qualify for Medicaid (Notice 3)


# Model Notices Eligibility Scenarios

 We will take a closer look at these scenarios today

	Application Submitted to:	Eligibility Information Provided:
 1	Medicaid Agency	Individual eligible for Medicaid
2	FFM (Assessment)	Individual eligible for Medicaid
 3	FFM (Assessment)	Individual eligible for Medicaid; no longer eligible for APTC/CSR
4	Medicaid Agency	Individual potentially eligible for Medicaid, additional income information needed
5	Medicaid Agency	Individual eligible for Medicaid during reasonable opportunity period, additional citizenship/immigration status information needed
 6	Medicaid Agency	Individual ineligible for Medicaid – application transferred to Marketplace
7	FFM (Assessment)	FFM determined individual eligible for APTC, and individual requested a determination from Medicaid; individual is ineligible for Medicaid
 8	Medicaid Agency	Children eligible for Medicaid; adult ineligible for Medicaid – application transferred to Marketplace
9	FFM (Assessment)	Children eligible for Medicaid
10	CHIP Agency	Children eligible for CHIP; adult’s application transferred to Marketplace
11	Medicaid Agency	Children and adult eligible for Medicaid
12	CHIP Agency	Child ineligible for CHIP – application transferred to Marketplace; applicant may request a Medicaid determination
13	State Medicaid Agency	Individual eligible for emergency Medicaid – application transferred to Marketplace

To provide “real world look-and-feel,” model notices are populated with hypothetical consumer and state-specific information based on certain assumptions

- **Model notices make assumptions about the consumer’s eligibility circumstances, state Medicaid/CHIP program design, and state procedures**
- **States will want to:**
  - ✓ **Review against their own legal and policy requirements for notices, which may include additional required content and formatting**
  - ✓ **Customize with state-specific content**
  - ✓ **Choose options that fit their specific environment**
- **State-specific content pre-populated in model notices is NOT intended to provide policy guidance on state Medicaid/CHIP program design**

 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. Llámennos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith  
123 Any Street  
Any Town, Any State 00111

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

**Why you are getting this letter**  
Good news for you! You qualify for Medicaid health coverage. Your coverage starts on January 1, 20XX.

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

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

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


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

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


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


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


**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](http://medicaid.state.gov) and click "Account Setup."


 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](http://medicaid.state.gov). You can also find out how to meet with someone in person. 1


# Structure of Model Notice

 Accessibility for people who are limited English proficient or with disabilities  
435.917(a)(2)

 Eligibility decision and effective date  
435.917(b)(1)(i)

 Benefits, cost-sharing and availability of additional details  
435.917(b)(1)(iv)

 Change reporting  
435.917(b)(1)(ii)



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You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you a Medicaid card. Until you get your card, you can get health services using your Medicaid ID number: 123456789.  
We will also send you information about choosing a health plan, which you will need to do in the next 30 days. Once you join a plan, you will need to use the plan's health care providers. To learn more about your plan choices and providers now, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to [medicaid.state.gov](http://medicaid.state.gov).

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

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


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

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

**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](http://medicaid.state.gov) and click "Account Setup."


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


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 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](http://medicaid.state.gov). You can also find out how to meet with someone in person. 1

 Regulatory requirement

 Health literacy best practice

 Plain language  
435.917(a)(1)

 Information divided into one-topic paragraphs

Leading (space between lines) of 150%

Sufficient white space in text and margins



# Structure of Model Notice



Basis for eligibility determination  
435.917(b)(1)(i)

## How we made our decisions and information about other programs

### How you qualify for Medicaid

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

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

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

### You might qualify for more health services:

#### If your income is under \$718 each month

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

#### If you have special health care needs

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

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

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

#### If you have medical bills from the last three months

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

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



Opportunity for more health services: non-MAGI or ABP exemption  
435.917(b)(1)(iv)  
435.917(c)(1)



Legal authority  
435.917(b)




Meaningful, descriptive headers using clear and simple wording



Bold text to highlight key information and used sparingly



# Structure of Model Notice

 Appeals rights and instructions  
435.917(b)(1)(iv)(D)  
431.206

**If you think we made a mistake**

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

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

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

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

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

To get ready for your hearing, you can:

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

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


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

Sincerely,


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


We will keep your information secure and private.

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 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](http://medicaid.state.gov). You can also find out how to meet with someone in person. **3**

 Organization from the consumer's perspective

 Short, simple paragraphs and sentences that avoid jargon

 Contact information on every page

# Walkthrough of Model Notice Language: Eligible for Medicaid (Notice 1)

27

Individual submits application to the State Medicaid Agency,  
which determines the individual eligible for Medicaid based on MAGI.



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

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

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

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

## Using your health coverage

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

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

## Health services and costs

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

## You must report changes

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

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

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

## Renewing your health coverage

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

## Your Secure User Account

[Medicaid.state.gov](http://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](http://medicaid.state.gov) and click "Account Setup."

## decisions and information about other programs

### er Medicaid

old size and income based  
ur application and information  
urces. We found that your  
and your income is \$957  
onthly income is below the Medicaid income limit, you qualify.

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

edicaid, you will get coverage without needing to buy health insurance. This  
y paying for health insurance through the Health Insurance Marketplace.  
ices at low or no cost to you.

### for more health services:

#### er \$718 each month

\$718 each month qualify for more health services. If you think we made a  
me, you can appeal. See the next page to learn how to appeal.

#### health care needs

at more health services if he or she has special health care needs. A person  
o qualify to pay less. Special health care needs include if a person:

al health, or substance use condition that limits his or her ability to work or go

activities, like bathing or dressing

al care, personal care, or health services at home or in another community  
care

care facility, group home, or nursing home

care

se special health care needs, and wants to see if he or she qualifies, let us  
X-XXXX (TTY: 1-800-XXX-XXXX) or go to [medicaid.state.gov](http://medicaid.state.gov). If the person  
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### al bills from the last three months

ls, even if you already paid them yourself. Send your medical bills from the last  
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## re made a mistake

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stake on your household size, income, citizenship, immigration status, or residency.  
al what health services you get and how much you pay for them.

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

al, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to  
y to get an appeals form. Or, you can write your own letter and send or bring it to us  
id Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal  
X.

n appeal, we will see if we can fix the problem over the phone or by meeting with  
or meeting does not fix the problem, you can have a hearing.

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

ur hearing, you can:

r of your file before the hearing.

e with you to the hearing, like a friend, relative, or lawyer, or come by yourself.

nts, information, or witnesses to show us where you think we made a mistake.

lth coverage, he or she can keep it during an appeal.

estions, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).



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](http://medicaid.state.gov). You can also find out how to meet with someone in person.

1

The call is free. Or, go to [medicaid.state.gov](http://medicaid.state.gov). You can also find out how to meet with someone in person.

2

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](http://medicaid.state.gov). You can also find out how to meet with someone in person.

3

# Walkthrough of Model Notice Language: *Eligible for Medicaid (Notice 1)*



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

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

Mary Smith  
123 Any Street  
Any Town, Any State 00111

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

### Why you are getting this letter

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

### Using your health coverage

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

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

Eligibility for Medicaid and effective date of coverage

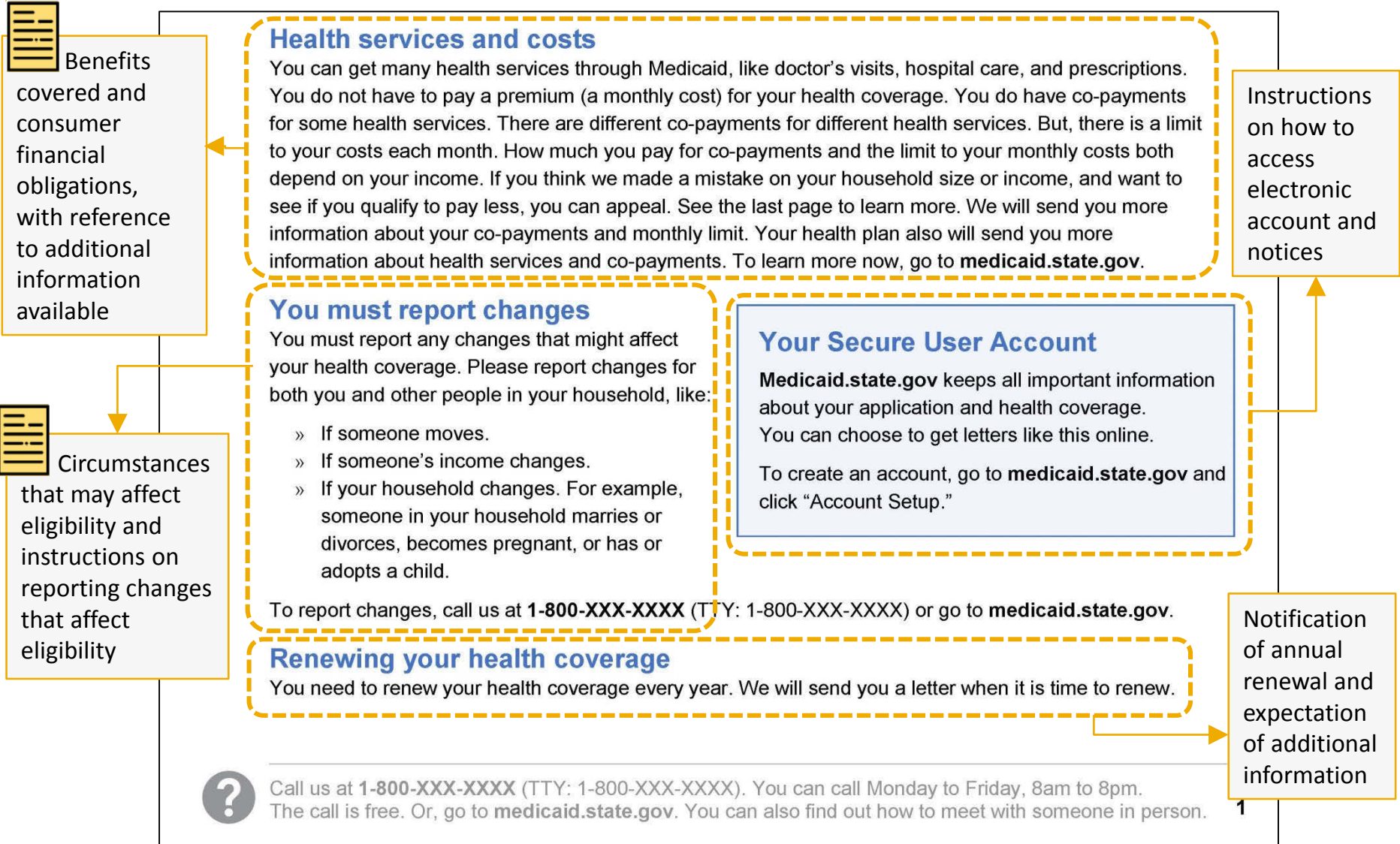
Key message first and prominent

Information divided into one-topic paragraph

Date of notice, unique notice identifier

Information for accessing care, tailored by state depending on use of Medicaid card and delivery system.

# Walkthrough of Model Notice Language: *Eligible for Medicaid (Notice 1)*



# Walkthrough of Model Notice Language: *Eligible for Medicaid (Notice 1)*

## How we made our decisions and information about other programs

### How you qualify for Medicaid

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

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

Possible eligibility for other programs

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

Basis of eligibility determination relying on household size and income



Information on non-MAGI basis of eligibility/ ABP exemption so that applicant can make an informed choice



### You might qualify for more health services:

#### If your income is under \$718 each month

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

#### If you have special health care needs

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

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care

# Walkthrough of Model Notice Language: *Eligible for Medicaid (Notice 1)*

## If you think we made a mistake

Right to appeal

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

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

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

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

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

To get ready for your hearing, you can:

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

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

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

Right to an expedited appeal  
Definition for technical term

Information on how to obtain a fair hearing and deadline for appeal

Timing of agency action

# A Closer Look at Model Notice Language: Eligible for Medicaid, Cancel APTC (Notice 3)

Individual submits application to the Federally Facilitated Marketplace, which assesses the individual ineligible for Medicaid and eligible for premium tax credits. The individual requests a full Medicaid determination. Marketplace transfers application to the State Medicaid Agency, which determines the individual eligible for Medicaid based on MAGI.



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

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

Mary Smith  
123 Any Street  
Any Town, Any State 00111

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

### Why you are getting this letter

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

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

### If you have Marketplace health coverage

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

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

### Using your Medicaid health coverage

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

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

### Health services and costs

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

### Your Secure User Account

[Medicaid.state.gov](http://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](http://medicaid.state.gov) and click "Account Setup."

00-XXX-XXXX) or go to [medicaid.state.gov](http://medicaid.state.gov).

will send you a letter when it is time to renew.

### Information about other programs

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

Medicaid income limit, you qualify.

or financial help through the Marketplace. If you want Marketplace health coverage, you

ices:

more health services. If you think we made a mistake, go to the next page to learn how to appeal.

she has special health care needs. A person's health care needs include if a person:

condition that limits his or her ability to work or go

sing

health services at home or in another community

residing home

and wants to see if he or she qualifies, let us know by calling 1-800-XXX-XXXX (X) or go to [medicaid.state.gov](http://medicaid.state.gov). If the person is not at the information.

### Free months

from yourself. Send your medical bills from the last 12 months to: 321 Any Road, Any City, Any State 00100.

19, 435.603.

can call Monday to Friday, 8am to 8pm. To find out how to meet with someone in person,



# A Closer Look at Model Notice Language: *Eligible for Medicaid, Cancel APTC (Notice 3)*

## Why you are getting this letter

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

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

## If you have Marketplace health coverage

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

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

## Using your Medicaid health coverage

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

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



Implications of Medicaid eligibility on APTC/CSR eligibility



Provide appropriate context from the consumer's perspective

# A Closer Look at Model Notice Language: Ineligible for Medicaid, Complete Marketplace Application (Notice 6) 34

Individual submits application to the State Medicaid Agency, which determines the individual ineligible for Medicaid based on MAGI. Individual is instructed to complete Marketplace application.



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

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

Mayr Smith  
123 Any Street  
Any Town, Any State 00111

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

## Why you are getting this letter

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

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

## How we made our Medicaid decision

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

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

## Complete your Marketplace application

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

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

Or

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

## 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.

For 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 when you can start.

Whether you can get health coverage now or if you have to wait and when you can enroll in Marketplace health coverage during a certain time each year depends on when you submit your application. If it is not Open Enrollment when you submit your application for the next Open Enrollment Period, unless you have a life event that allows you to enroll during an Enrollment Period. Examples of qualifying life events include getting married, having a child, losing Medicaid or other health coverage. You usually have up to 60 days after you lose coverage to enroll for coverage and qualify for a Special Enrollment Period.

## Health care needs

Medicaid health coverage covers health care needs. More health services are available through the Marketplace. Health care needs include:

Health, or substance use disorder services, or your ability to work or

activities, like bathing or dressing; mental health care, personal care, or health services at home or in another community

facility, group home, or nursing home

If you have special health care needs, and want to see if he or she qualifies, let us know. Call the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) or go to [medicaid.state.gov](#). If the person has special health care needs, let us know. Call the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) or go to [medicaid.state.gov](#). If the person has special health care needs, let us know. Call the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) or go to [medicaid.state.gov](#).

## 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."

## Appeal a mistake

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

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

To request an expedited appeal, call the Call Center at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to [medicaid.state.gov](#) and click "Appeal." You can also write your own letter and send or bring it to us. Write your letter to: 123 Any Road, Any City, Any State 00100. You must ask for an appeal in your letter.

If we will see if we can fix the problem over the phone or by meeting with you. If we cannot fix the problem, you can have a hearing.

At a hearing, you, someone from the State Medicaid Agency, and a hearing officer will discuss the problem. You can explain why you think we made a mistake.

At a hearing, you can:

• Ask for a hearing before the hearing.

• Bring someone to the hearing, like a friend, relative, or lawyer, or come by yourself.

• Bring witnesses to show us where you think we made a mistake.

• Ask the hearing officer, he or she can keep it during an appeal.

Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

# A Closer Look at Model Notice Language:

## *Ineligible for Medicaid, Complete Marketplace Application (Notice 6)* 35

Includes and highlights Marketplace definition, which may be a new term for consumer



### Why you are getting this letter

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

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

### What is the Health Insurance Marketplace?

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

### How we made our Medicaid decision

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

Coordinated content: Transfer to Marketplace

Statement supporting actions

# A Closer Look at Model Notice Language:

## *Ineligible for Medicaid, Complete Marketplace Application (Notice 6)* 36

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.

- Instructions for needed actions in clear, numbered steps beginning with an action verb
- Key words in bold



# A Closer Look at Model Notice Language:

## *Ineligible for Medicaid, Complete Marketplace Application (Notice 6)* 37

Alerts consumer they will receive a notice from Marketplace

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.

- 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

# A Closer Look at Model Notice Language: Mixed Coverage Family (Notice 8)

38

Family submits application to the State Medicaid Agency, which determines the children eligible for Medicaid but determines the adults ineligible for Medicaid. Medicaid agency transfers the adults to the Marketplace for APTC/CSR eligibility determination.



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

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

Mary Smith  
123 Any Street  
Any Town, Any State 00111

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

## News for you and your family

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

### Good news for Annie, Amy, and Kate

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

### Update for you

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

### Complete your Marketplace application

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

#### 1. Wait for the letter from the Marketplace.

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

Or

#### 2. Start a new application. You can go to [HealthCare.gov](http://HealthCare.gov) or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). You will need to:

- » Create a Marketplace user account online or with a Call Center Representative if you don't have one.
- » Have this letter with you to help answer questions.
- » Provide the information you gave us already.
- » Answer "yes" when asked if anyone has been found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days, if this applies.

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

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

### What is the Health Insurance Marketplace?

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

...now or if you have to wait and ...during a certain time each year ...you submit your application for ...unless you have a life event that ...ing life events include getting ...You usually have up to 60 days after ...ial Enrollment Period.

...rge print, or in another way that's ...1-800-XXX-XXXX).

...con letras más grandes, o en ...ed. Llámenos al 1-800-XXX-XXXX ...800-XXX-XXXX).

...cation date: January 1, 20XX ...20XX

...verage. Their coverage started

...they can get health services from ...le will send you their Medicaid ...to get health services. Their

### Secure User Account

...ate.gov keeps all important information ...family's application and health coverage. ...ose to get letters like this online.

...account, go to [medicaid.state.gov](http://medicaid.state.gov) ...ount Setup."

...ke doctor's visits, hospital care, and ...at their doctors say they need. You ...or co-payments when they get health ...now, go to [medicaid.state.gov](http://medicaid.state.gov).

...y, Amy, and Kate. Please report

...old marries or divorces, becomes

...or go to [medicaid.state.gov](http://medicaid.state.gov).

...We will send you a letter when it

### about other programs

...e Annie, Amy, and Kate qualify ...icaid, they may also qualify for ...istance, like help buying food. ...more, call 1-800-XXX-XXXX ...800-XXX-XXXX).

...hly household income is below the

...ge without you needing to buy ...r their health insurance through the

### needs

...pecial health care needs. A person ...needs include if a person:

- ...imits his or her ability to work or go
- ...at home or in another community

...see if he or she qualifies, let us ...o [medicaid.state.gov](http://medicaid.state.gov). If the person ...ation.

### the last three months

...Send your medical bills from the ...Road, Any City, Any State 00100.

...or example, you can appeal if you ...ship, immigration status, or residency. ...you pay for them.

...ited (faster) appeal to hear from us ...erious harm to your health if it's not ...are need.

...X-XXXX). Or, go to ...ur own letter and send or bring it to us ...00100. You must ask for an appeal

...over the phone or by meeting with you. ...a hearing.

...dicaid Agency, and a hearing officer.

...or lawyer, or come by yourself.

...e you think we made a mistake.

...appeal.

...00-XXX-XXXX).

# A Closer Look at Model Notice Language: *Mixed Coverage Family (Notice 8)*



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

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

Mary Smith  
123 Any Street  
Any Town, Any State 00111

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

## Coordinated Content

Provides an overview for the entire family, including determinations for children and the status for the parent.

### News for you and your family

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

#### Good news for Annie, Amy, and Kate

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

#### Update for you

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

**Questions?**



# Wrap Up

## Toolkits

State can access toolkits at:

<https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/coverage/index.html>

## Contact Information

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

[MACLC@mathematica-mpr.com](mailto:MACLC@mathematica-mpr.com)