

Redesigned Marketplace Eligibility Notice



Consumers applying on HealthCare.gov and via Enhanced Direct Enrollment (EDE) partner websites will get a redesigned Eligibility Notice in March 2022

This presentation focuses on changes just for the Eligibility Notice, not other Marketplace notices or the online eligibility results page.

The information provided in this presentation is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance upon which it is based. This presentation summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information. This communication was printed, published, or produced and disseminated at U.S. taxpayer expense. Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

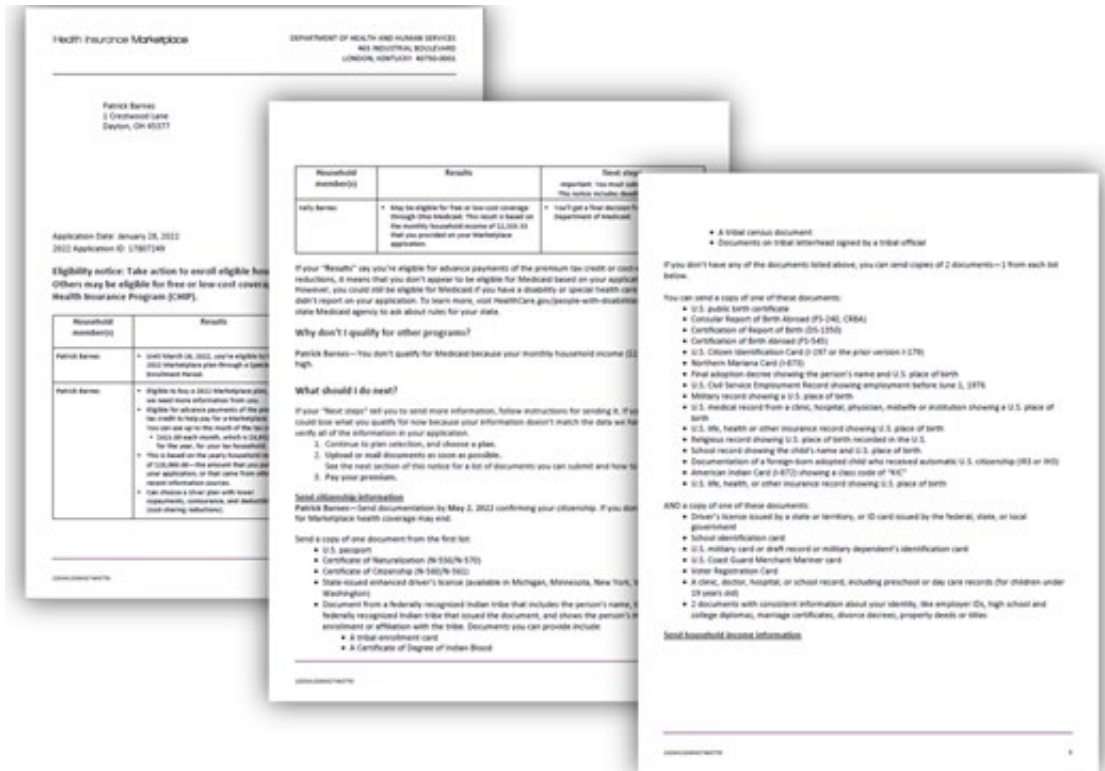
The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

About the Eligibility Notice

- Every consumer applying for Marketplace coverage must download their Eligibility Notice before choosing a plan
- Consumers who choose “print preference” also get an Eligibility Notice in the mail
- The Eligibility Notice lets consumers know:
 - Their eligibility for Marketplace health plans, advance payments of the premium tax credit (APTC), cost-sharing reductions (CSRs), special enrollment periods (SEPs) & Medicaid/CHIP
 - Deadlines to enroll, submit documents & coverage effective dates
 - If they have a data matching issue (DMI) or a SEP verification issue (SVI) requiring them to provide additional documentation to confirm information on their application
 - Information about their right to appeal
- Consumers also get an Eligibility Notice anytime the Marketplace re-processes their application during the year (e.g. after a DMI expires) or during annual redeterminations/re-enrollment for the next coverage year

The current Eligibility Notice

- Lists results & next steps for each family member
- Requires consumers to read multiple pages for all results & actions
- Actionable next steps are buried in lengthy text
- **In consumer testing, readers were overwhelmed by length & complexity**
- Many readers could not identify the main points



Why redesign the Marketplace Eligibility Notice?

- **Goal is to improve the user eligibility experience**
- This is the first redesign since HealthCare.gov launched in 2013
- Leverages many years of steady user interface improvements in the HealthCare.gov application
- Uses research-based information design & plain language best practices to convey results & shepherd consumers through enrollment
- Provides clear, actionable information in a single table about deadlines, coverage effective dates, appeal rights & next steps
- Redesigned Eligibility Notice will launch in March 2022
 - Consumers who get an Eligibility Notice after the Marketplace processes an administrative update to their application, such as after a DMI expiration, will continue to get the current Eligibility Notice until late spring
- **The redesign doesn't change how eligibility is determined**

Key improvements to the redesigned Eligibility Notice

- **Puts focus on info that's most important to consumers: what they're eligible for & what to do next**
- Uses clear, person-centered design that delivers results, deadlines & calls-to-action on a single page
- Removes the need for consumers to self-select whether information applies to them
- Introduces a clear distinction between household-level & person-level messages
- Eliminates significant language redundancy in the current notice
- Creates a comprehensive "Eligibility Guide" that allows for more comprehensive program & operational detail than the current notice

Key improvement #1

Results, deadlines & calls-to-action on a single page

For the vast majority of households, the new Eligibility Notice will show a single table with “results” & “next steps” on page 1

Health Insurance Marketplace		January 28, 2022	
Application ID # 159736885 Application date: January 28, 2022 Primary contact Patrick Barnes 1 Crestwood Lane Dayton, OH 45377		2022 Marketplace Eligibility Notice Remember to update your application during the year with any changes.	
Results			
Premium tax credit available for this household: \$411/month		Estimated 2022 income used to determine eligibility for financial help: \$28,000/year	
		Patrick Barnes	Kelly Barnes
Applied for coverage.		●	●
Eligible to enroll in a 2022 Marketplace plan. Enroll by March 16, 2022.		●	
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to \$411/month for this household.		●	
Eligible for cost-sharing reductions: Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.		●	
May be eligible for Medicaid based on this month's household income of \$2,333.33. We're sending this information to your state agency.			●
Eligibility determination is final after acceptable documents are submitted to the Marketplace.		●	
Likely not eligible for Medicaid because this month's household income of \$2,333.33 is too high.		●	
ACTION: Next steps			
By March 16, 2022, choose a Marketplace plan.		●	
By May 2, 2022, submit documents to confirm citizenship. See Submitting Documents, attached.		●	
By April 28, 2022, submit documents to confirm household income. See Submitting Documents, attached.		●	
Choose a Silver plan to get cost-sharing reductions. Choosing Silver instead of Bronze may save you thousands of dollars if you use a lot of services.		●	
Wait for a final determination from your state agency about Medicaid coverage. You may need to provide more information to the state. See Eligibility Guide, page 7.			●
Learn more about how you could qualify for Medicaid. See Eligibility Guide, page 7.		●	
Marketplace coverage start date generally depends on when you select a plan. See Eligibility Guide, page 4.		●	
To learn when and how you can appeal, see Eligibility Guide, page 8. Questions about results or next steps? See the Eligibility Guide included with this notice.			
For more help			
HealthCare.gov Marketplace Call Center: 1-800-318-2596 TTY: 1-855-889-4325 LocalHelp.HealthCare.gov (to find an assister)	Ohio Medicaid: 1-800-345-8680 TTY: 800-324-8680	Ohio Medicaid (CHIP): 800-324-8680 TTY: 800-292-3572	

Key improvement #2

Person-centered layout reflects how consumers think about their families

The new format has a column for each family member with a dot showing whether the message applies

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	1-800-318-2596	TTY: 800-324-8680	TTY: 800-292-3572
	TTY: 1-855-889-4325		
	LocalHelp.HealthCare.gov (to find an assister)		

Key improvement #3

Differentiates between household-level & person-level messages

Household-level messages show eligibility for the premium tax credit & the projected annual household income used in the determination

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Key improvement #4

Streamlines language to avoid repetitive information

Messages display clear, actionable information in a person-centered layout that eliminates redundancy

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For more help HealthCare.gov Marketplace Call Center: 1-800-318-2596 TTY: 1-855-829-4325 LocalHelp.HealthCare.gov (to find an assister)	Ohio Medicaid: 1-800-345-0600 TTY: 800-324-0600	Ohio Medicaid (CHIP): 800-324-0600 TTY: 800-292-3572
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Key improvement #5

Leverages the “Eligibility Guide” as a comprehensive operations & program manual

For example, people who aren’t eligible for Medicaid/ CHIP are referred to a specific page of the Eligibility Guide for more details

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For more help		

Key Improvement #6 “Submitting Documents”

- Provides step-by-step instructions for people who need to resolve data matching issues or confirm eligibility information
- Comprehensive, issue-specific document lists are designed to help increase submission of acceptable documents

Health Insurance Marketplace

More About

Submitting Documents

Why did the Marketplace ask me to submit documents?

If your application tells you to submit documents, it means the Marketplace needs documentation to confirm your income, citizenship, life event, or other details. This could be because your information doesn't match other data we have, or we can't confirm all of the information in your application. If you don't submit the documents we ask for, you may lose your eligibility for Marketplace coverage or financial help.

How to submit documents

You can upload OR mail copies of your documents. Uploading is faster.

How to upload:

1. Log into your Marketplace account, then select "Continue."
2. Select your current application, and click on "Application details."
3. You'll see a button for each item that needs documentation.
4. Select the button, then choose a document to start your upload.

How to mail:

1. Send copies only (not originals).
2. Include your printed bar code. If you don't have a bar code, include your printed name and the application ID. Your application ID is near your mailing address at the top of your notice.
3. Mail the document(s) to:
Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Boulevard
London, KY 40750-0001

What documents to submit

See the lists on the next pages for specific documents to submit. You can upload more than one document if you have multiple documents to confirm your information.

What happens after I submit documents?

After we get the documents you submitted, we will:

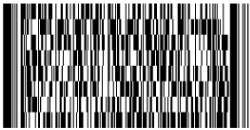
- Match your documents with your application
- Review each document to decide if it confirms what we need
- Contact you if we need more information

If you haven't heard from us in a month, your issues may still be under review, or we may not have received the documents. If you want to check if we've received your documents, contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

If you mail documents to the Marketplace, include this Bar Code page in the envelope so we can link your documents to your application.

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Patrick Barnes
1 Crestwood Lane
Dayton, OH 45377



OH159736885

Health Insurance Marketplace

Documents to confirm

Household Income

The document you submit should show a yearly income amount that closely matches the amount on your application. You can choose to submit more than one document. If you have a different job than you had last year, send recent pay stubs from your new job instead of last year's tax return or W2.

Documents to confirm yearly income

- 1040 federal or state tax return. Must contain your first & last name, income amount, & tax year. Starting with 2018 tax returns, if you file Schedule 1, you must submit it with your 1040.
- Wages & tax statement (W-2 &/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT). Must contain your first & last name, income amount, year, & employer name (if applicable).
- Pay stub. Must contain your first & last name, income amount, pay period, or frequency of pay with the date of payment. If pay stub includes overtime, tell us the average overtime amount per paycheck.
- Self-employment ledger documentation (can be a Schedule C, the most recent quarterly or year-to-date profit & loss statement, or a self-employment ledger). Must contain your first & last name, company name, & income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger & net income from profit/loss.
- Social Security Statements (Social Security Benefits Letter). Must contain your first & last name, benefit amount, & frequency of pay.
- Unemployment or Trade Readjustment benefits letter. Must contain your first & last name, source/agency, benefits amount & duration (start & end date, if applicable).

Documents to confirm self-employment income

- 1040 SE with Schedule C, F, or SE
- Schedule K-1 (Form 1120-S)
- Schedule K-1 (Form 1065)
- Personal tax return (business tax returns are not acceptable)
- Bookkeeping records
- Receipts for ALL allowable expenses
- Signed time sheets & receipt of payroll, if you have employees
- Self-employment ledger
- Most recent quarterly or year-to-date profit & loss statement

Documents to confirm unearned income

- Annuity statement
- Statement of pension distribution from any source
- Prizes, settlements & awards, including court-ordered awards letter
- Proof of strike pay & other benefits from unions
- Sales receipts or other proof of money received from the sale, exchange, or replacement of things you own
- Interests & dividends income statement
- 1099-MISC, Miscellaneous Income
- Proof of bonus/incentive payments
- Proof of severance pay
- Pay stub indicating sick pay
- Letter, deposit, or other proof of deferred compensation payments
- Pay stub indicating substitute/assistant pay
- Pay stub showing vacation pay
- Proof of residuals
- Letter, deposit, or other proof of travel/business reimbursement pay

Consumer research confirmed effectiveness

- Multiple rounds of side-by-side consumer testing showed the redesigned Eligibility Notice to be more understandable & easier to use
- Participants overwhelmingly expressed a strong & clear preference for the new version
- Participants consistently used the new design to accurately summarize eligibility results & identify next steps

Health Equity Impact of Redesigned Eligibility Notice

- Acknowledging low health literacy & addressing health disparities are an ongoing focus
- Updates are a result of rigorous consumer testing & years of input from advocates & stakeholders to improve accessibility for all consumers, regardless of health literacy level
- Simplifying complicated messages while conveying accurate information about eligibility & next steps will help ease barriers to coverage
- Updates will help all consumers access & and use their health coverage
- Based on known disparities in health literacy, these changes will likely be particularly helpful to marginalized racial & ethnic groups & other vulnerable populations