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.

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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), and Medicaid/CHIP.
  - Deadlines to enroll and submit documents and coverage effective dates.
  - If they have a data matching issue (DMI) or an 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 and next steps for each family member.
- Requires consumers to read multiple pages for all results and actions.
- Actionable next steps are buried in lengthy text.
- In consumer testing, readers were overwhelmed by length and 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 and plain language best practices to convey results and shepherd consumers through enrollment.
- Provides clear, actionable information in a single table about deadlines, coverage effective dates, appeal rights, and 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 and what to do next.
- Uses clear, person-centered design that delivers results, deadlines, and 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 and person-level messages.
- Eliminates significant language redundancy in the current notice.
- Creates a comprehensive “Eligibility Guide” that allows for more comprehensive program and operational detail than the current notice.
Key Improvement #1

Results, deadlines, and calls to action on a single page

For the vast majority of households, the new Eligibility Notice will show a single table with results and next steps on page 1.
**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.
Key Improvement #3

Differentiates between household-level and person-level messages

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

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**Health Insurance Marketplace**  
**January 28, 2022**

2022 Marketplace Eligibility Notice

Remember to update your application during the year with any changes.

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**Results**

<table>
<thead>
<tr>
<th>Premium tax credit available for this household: $411/month</th>
<th>Estimated 2022 income used to determine eligibility for financial help: $28,000/year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patrick Barnes</strong></td>
<td><strong>Daily Barnes</strong></td>
</tr>
<tr>
<td>Applied for coverage.</td>
<td>●</td>
</tr>
<tr>
<td>Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to $411/month for this household.</td>
<td>●</td>
</tr>
<tr>
<td>Eligible for cost-sharing reductions: Will pay less for copayments, coinsurance, and deductibles when you’re enrolled in a Silver plan.</td>
<td>●</td>
</tr>
<tr>
<td>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.</td>
<td>●</td>
</tr>
<tr>
<td>Eligibility determination is final after acceptable documents are submitted to the Marketplace.</td>
<td>●</td>
</tr>
<tr>
<td>Likely not eligible for Medicaid because this month’s household income of $2,333.33 is too high.</td>
<td>●</td>
</tr>
</tbody>
</table>

**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. | ●                                                                               |

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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.

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**For more help**

HealthCare.gov  
Marketplace Call Center: 1-800-318-2596  
TTY: 1-877-833-4888

Ohio Medicaid:  
1-800-315-8680  
TTY: 800-524-0680

LocalHelp.HealthCare.gov  
(tofind an assister)

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3/22/2022
Key Improvement #4

Streamlines language to avoid repetitive information

Messages display clear, actionable information in a person-centered layout that eliminates redundancy.
Key Improvement #5

Leverages the “Eligibility Guide” as a comprehensive operations and 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.
Key Improvement #6: “Submitting Documents”

- Provides step-by-step instructions for people who need to resolve DMIs or confirm eligibility information.
- Comprehensive, issue-specific document lists are designed to help increase submission of acceptable documents.
Multiple rounds of side-by-side consumer testing showed the redesigned Eligibility Notice to be more understandable and easier to use.

Participants overwhelmingly expressed a strong and clear preference for the new version.

Participants consistently used the new design to accurately summarize eligibility results and identify next steps.
Health Equity Impact of Redesigned Eligibility Notice

- Acknowledging low health literacy and addressing health disparities are an ongoing focus.
- Updates are a result of rigorous consumer testing and years of input from advocates and stakeholders to improve accessibility for all consumers, regardless of health literacy level.
- Simplifying complicated messages while conveying accurate information about eligibility and 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 and ethnic groups and other vulnerable populations.