



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

## **Eligibility-Related Determination Notices: A Toolkit for States**

August 28, 2013

3:00-4:30PM ET

**Dial-in/Passcode:** 1-888-339-3507 / 688450

**Event Link:** <https://chcs.webex.com/chcs/onstage/g.php?d=712771253&t=a>

# Agenda

Introductions

Background

Types of Consumer Communications

Notices Development Approach

Walk through of Notices Toolkit

Walk through of Model Notices

Best Practices and Tips for Effective Notices

Questions & Answers

# Background



Project of the Coverage Learning Collaborative – an initiative of CMS to work with state partners to achieve high-performing health systems – supported by Manatt Health Solutions and Maximus

Began in August 2012

## VISION & GOALS

- To provide effective notices as a fundamental component of a high quality consumer experience in a coordinated and streamlined eligibility and enrollment system
  - Identify when and what information must or should be communicated during the eligibility and enrollment process
  - Develop language and formats for delivering information in a way that is clear and understandable to consumers
  - Improve historically cumbersome notices for applicants and beneficiaries

## CHALLENGES / BARRIERS

- Complexity of programs/processes
- Coordination across agencies
- Historic use of “legalese”
- Balance of being concise yet comprehensive
- Systems limitations (particularly in early years)



## SCOPE OF COMMUNICATIONS

- Information conveyed by the State Medicaid agency or State CHIP agency related to the determination of eligibility for Insurance Affordability Programs
- There is an infinite set of eligibility scenarios. We carefully selected thirteen scenarios from which to develop model messages and notices.
- **Not included:**
  - Applications
  - Notices from issuers to consumers
  - Notices from Marketplaces to employers
  - Notices from Marketplaces/State Medicaid/CHIP agencies to issuers
  - Health Insurance Marketplace information on APTC/CSR/QHP eligibility
  - SHOP Notices

# Consumer Communications

Communications fall into four major categories:

Process  
Updates

Status of  
application or  
reminder for  
action

Request for  
Additional  
Information  
(RAI)

Additional action by  
applicant required;  
eligibility *not granted*

RAI with  
Eligibility  
during  
Reasonable  
Opp. Period

Additional action by  
applicant required;  
eligibility *granted*  
during reasonable  
opportunity period

Eligibility  
Determination

Notice of  
applicants'  
eligibility or  
ineligibility

# Process for Developing Eligibility-Related Notices

## Identify Triggering Events & Requirements

- Based on statute and current and proposed regulations, identified the events that trigger communication and the information that must or should be communicated to consumers
- Identified points of communication within eligibility and enrollment process

## Develop Key Messages & Templates

Developed messages and scenario-based templates to display required messages to consumers

## Develop Consumer-Facing Notices

Drafted language and developed design and layout for consumer literacy testing

### TOOLS DEVELOPED

#### Tool #1:

- Statutory & Regulatory Overview of Consumer Communication Requirements

#### Tool #2:

- Key Messages Menu Set

#### Tool #3:

- Notices Content Templates

#### Tool #4:

- Model Notices

**Tool #1: STATUTORY & REGULATORY OVERVIEW**

- Conducted an analysis of federal statute and current and proposed regulations to identify what and when State Medicaid agencies, State CHIP agencies, and Marketplaces must communicate with the consumer during the eligibility and enrollment process
- Chart was developed based on this analysis

**STATUTORY & REGULATORY OVERVIEW**

Purpose	#	Triggering Events and Timing	Content	Source	Responsible
<b>DETERMINATION</b>					
Determination of Eligibility for Medicaid/CHIP	1.	<p>Determinations of eligibility for Medicaid must be made “promptly and without undue delay” and in adherence to timeliness standards: 45 days for MAGI and 90 days for non-MAGI. Timeliness standard covers date of application / transfer from another IAP to the date agency notifies the applicant of its decision / date agency transfers individual to another IAP.</p> <p>For notices of denial/termination/suspension, State or local agency must send notice at least 10 days</p>	<ul style="list-style-type: none"> <li>Decision on application</li> <li>Approved Eligibility:                             <ul style="list-style-type: none"> <li>Basis and effective date of eligibility</li> <li>Circumstances and procedures for change reporting</li> <li>(if applicable) Amount of medical expenses which must be incurred to establish medically needy eligibility</li> <li>Information on level of benefits, services, premiums, enrollment fees and cost-sharing</li> </ul> </li> </ul>	<p>ACA 1413(b)(2)</p> <p>42 CFR 431.210</p> <p>42 CFR 435.911,</p> <p>42 CFR 435.912(b)(1),</p> <p>42 CFR 435.917, as proposed in January 2013 NPRM</p> <p>(cross-reference to 42 CFR 431 Subpart E)</p>	Medicaid



## States can use the overview to:

- Identify the triggering events and timing for notices
- Identify the federally required content of notices
- Reference areas within the statute and regulations in which the content of the notices, triggering event, timing and modality are described

### STATE CONSIDERATIONS:

Review against state-specific statute, regulations, and court-ordered requirements. These may have implications for notices.



## Tool #2: KEY MESSAGES MENU SET

- We developed a master list of notice snippets, which are a collection of many of the different messages that could be included in notices
- While the list is not exhaustive, we reflected a wide range of key messages (e.g., process updates, eligibility determinations, appeals, information for special populations, rights and responsibilities)
- A number of Medicaid/CHIP-related messages were crafted by literacy experts, reviewed by the policy team, tested with consumers, and revised based on feedback from consumer testing, consumer advocates, and states

## Tool #2: KEY MESSAGES MENU SET

- Messages are labeled and coded for quick reference and are accompanied by a description of the message content
  - ➔ The content description emphasizes federally required elements in **red and bold**
- Messages contemplate:
  - State specific content
  - Consumer specific content

### MENU SET

Notice Segment	Content Description	Key Message
<b>B. Eligibility Determination</b>		
<b>1.</b>	<b><i>Medicaid Determination</i></b>	
a.	Individual: Eligible for Medicaid ▪ <b>Decision on application</b>	▪ Good news for you! You qualify for [State Medicaid program] health coverage.
b.	All Family Members: Eligible for Medicaid ▪ <b>Decision on application</b>	▪ Good news for you, <Person 1, Person 2, etc>! You qualify for [State Medicaid program] health coverage.
c.	Mixed Coverage Family: Eligible for Medicaid ▪ <b>Decision on application</b>	▪ Good news for <Person 1, Person 2, etc>! They qualify for [State Medicaid program] health coverage.

# State-Specific Content

- Certain messages reflect information specific to the state
- Messages flag – represented as **[state-specific content]** – where states should customize the message to reflect relevant state information, policies and procedures

## Examples

### How to Submit Documentation to Resolve an Inconsistency

1. **Online.** Go to **[website address]** and follow the website directions to upload a copy.
2. **By fax.** Fax a copy to us at: **[fax number]**.
3. **By mail.** Send a copy to us at: **[State Medicaid name] [address]**.
4. **In person.** Bring a copy to us **[in-person location access]**.

- Certain messages may also be omitted entirely if not relevant to the state (e.g., Medicaid managed care messages are not necessary for Fee-for-Service only states)

# Consumer-Specific Content

- Certain messages reflect information specific to the consumer
- Messages flag – represented as **<consumer-specific content>** – where consumer-specific information would appear
- **<Consumer-specific content>** highlights considerations for notice systems programming (e.g., constructing systems logic, mapping to appropriate data elements)

## Examples

### Date of Application

Health coverage application date: **<Month, day, year>**

### Individual: Medicaid Benefit Card

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: **<Benefit card number>**.



## States can use the menu set to:

- Identify and organize key messages for notices
- Serve as a foundation for message development and as models for consumer-facing language
- Identify areas for inclusion of state- and consumer-specific content

### STATE CONSIDERATIONS:

- Review against existing messages, data systems / programming structure
- Customize messages to reflect state policies and language
- Review messages for subject-verb-pronoun agreement when dealing with multiple member household

# Tool #3: NOTICES TEMPLATES

- Templates provide a framework for documenting and assembling the content of notices
- We developed eligibility determination scenarios and created a template for each scenario

- Each template identifies the applicable key messages that would be pulled from the menu set
- The templates are not intended to be consumer facing

## NOTICES TEMPLATES

1. Adult Eligible for Medicaid		
<b>Design Scenario:</b> Individual submits an Insurance Affordability Program (IAP) application to the State Medicaid Agency (SMA). SMA determines the individual eligible for Medicaid under MAGI rules for the new adult (Section VIII) group. Alternative Benefit Plan (ABP) is different from/more restrictive than standard Medicaid benefit package. State utilizes Medicaid managed care and imposes co-pays for services.		
Application Entryway	State Medicaid Agency	
Application Modality	Online	
Household Composition	Individual	
Triggering Event	Eligibility Determination for Medicaid	
Communication Modality	Online/Paper	
Issuing Agency	State Medicaid Agency	
Model Content		
Notice Segment	Description of Content	Key Message Code
Accessibility	<ul style="list-style-type: none"> <li>▪ Statement in non-English language indicating availability of language services.</li> <li>▪ Availability of ADA/504 compliant aids and language services.</li> </ul>	F.7
Accessibility in Spanish	<ul style="list-style-type: none"> <li>▪ Same as above, but written in Spanish.</li> </ul>	F.8
Consumer Assistance	<ul style="list-style-type: none"> <li>▪ Consumer assistance contact information.</li> </ul>	F.15
Date of Application	<ul style="list-style-type: none"> <li>▪ Date of application</li> </ul>	B.16
Date of Notice	<ul style="list-style-type: none"> <li>▪ Date of notice</li> </ul>	F.3

# Design Variables

Templates will vary depending on multiple design variables

<b>Application Entryway</b>	<ul style="list-style-type: none"> <li>• Medicaid Agency</li> <li>• CHIP Agency</li> </ul>	<ul style="list-style-type: none"> <li>• Health Insurance Marketplace</li> </ul>
<b>Eligibility Model</b>	<ul style="list-style-type: none"> <li>• Marketplace – Assessment</li> <li>• Marketplace – Determination</li> </ul>	
<b>Application Modality</b>	<ul style="list-style-type: none"> <li>• Online</li> <li>• Telephonic</li> </ul>	<ul style="list-style-type: none"> <li>• In-Person</li> <li>• Mail</li> </ul>
<b>Communication Modality</b>	<ul style="list-style-type: none"> <li>• Secure Electronic Account</li> </ul>	<ul style="list-style-type: none"> <li>• Mail (Paper)</li> </ul>
<b>Household Composition</b>	<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family – Single Program</li> </ul>	<ul style="list-style-type: none"> <li>• Family – Mixed Program</li> </ul>
<b>Communication Approach</b> (in accordance with the NPRM)	<ul style="list-style-type: none"> <li>• Coordinated – Multiple communications coordinated across Insurance Affordability Programs (IAPs)</li> <li>• Cross reference, sequential</li> </ul>	<ul style="list-style-type: none"> <li>• Combined – Single communication delivering eligibility determination across all IAPs</li> </ul>



## States can use the templates to:

- Identify the relevant key messages for various eligibility determination scenarios
- Serve as the guide for constructing consumer-facing notices

### STATE CONSIDERATIONS:

- Develop additional templates to speak to different eligibility determination scenarios
- Adjust template to include state-required key messages





# Tool #4: MODEL NOTICES

Using the templates, we developed 13 consumer-facing notices for different eligibility scenarios

Project team made assumptions about the consumer’s eligibility circumstances and state Medicaid/CHIP program design, which are documented in the scenario descriptions, and assumptions about state procedures.

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

Model notices have been refined through consumer literacy testing, feedback from consumer advocates, and feedback from states

**MODEL NOTICES**

You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-888-555-4567 (TTY: 1-866-555-6543).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámennos al 1-888-555-4567 (Las personas con problemas para oír - TTY: 1-866-555-6543).

**STATE MEDICAID AGENCY**

Mary Smith  
123 Any Street  
Any Town, Any State 00111

Health coverage application date: November 1, 2013  
Letter date: November 5, 2013  
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, 2014.

**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 1-888-555-4444 (TTY: 1-866-555-6666) 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 1-888-555-4567 (TTY: 1-866-555-6543) 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."

**Questions?** Call us at 1-888-555-4567 (TTY: 1-866-555-6543). 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.

Notice 1

# Testing Protocol

- The Center for Health Literacy (CHL) conducted one-on-one interviews with approximately 80 adults of varying ages, ethnicities and education levels to test the model notices through two rounds of testing.
- The researchers adjusted the notices after each round, including:
  - Making adjustments to order of messages, language, and formatting based
  - Incorporated new messages related to benefits level appeals, preliminary eligibility assessments, and application transfers

To test the materials, CHL researchers interviewed each participant individually using a written protocol.

The protocol questions focused on identifying areas of confusion and learning whether participants:

- Recognized the purpose, main ideas and key messages of the materials
- Understood selected areas of content
- Understood the meanings of key terms
- Could find and understand specific information and instructions
- Found the materials easy to read and understand



# Testing Sites

## **True Fast Outreach Ministries, West Palm Beach, FL**

- Provides support "to help men, women, and children who have or may become victims of life's hardships coupled with drugs/alcohol abuse."

## **Coordinated Care Services Inc., Rochester, NY**

- Provides specialized support to customers in the behavioral health and human services fields.

## **Central California Center for Health and Human Services, Fresno State, Fresno, CA**

- Programs within the Center address health policy, health access, regional public health, health personnel and faculty shortages, health professional research training, asthma, obesity prevention, substance abuse, issues of children and families, persons with disabilities and our aging population.

## **ALIVE, Kankakee County, IL**

- Provides a community literacy program to individuals and small groups tutoring them to improve the literacy skills of adults 16 years and older who are not enrolled in school.





# States can use the model notices to:

- Leverage best practices for wording, placement of messages and formatting in compliance with federal statute and proposed regulations

## STATE CONSIDERATIONS:

- Review against state’s legal and policy requirements for notices, which may include required content and formatting
- Customize with state-specific content
  - *State specific content pre-populated in model notices is NOT intended to provide policy guidance on State Medicaid/CHIP program design*
- Choose options that fit state-specific environment



# Scenarios

## KEY

SMA = State Medicaid Agency    SCA = State CHIP Agency  
 FFM – A = Federally-Facilitated Marketplace, Assessment Model  
 FFM – D = Federally-Facilitated Marketplace, Determination Model

Notice Number	Scenario
1	Individual applies through SMA; Determined eligible for Medicaid <i>(Applicable in 2014+)</i>
2	Individual applies through FFM-A; Assessed eligible for Medicaid. Application transferred to SMA; Determined eligible for Medicaid. <i>(2014 version with coordinated content)</i>
3	Individual applies through FFM-A; Assessed ineligible for Medicaid. Application transferred to SMA; Determined eligible for Medicaid. <i>(Applicable in 2014+; assessment of Medicaid ineligibility but subsequent determination of Medicaid eligibility exception to combined notice policy as proposed in January 2013 NPRM)</i>
4	Individual applies through SMA; Appears eligible for Medicaid but inconsistency based on income. SMA requests additional information. <i>(Applicable in 2014+)</i>
5	Individual applies through SMA; Appears eligible for Medicaid but inconsistency based on citizen/immigration status. SMA requests additional information; Determined eligible during reasonable opportunity period. <i>(Applicable in 2014+)</i>

# Scenarios

## KEY

SMA = State Medicaid Agency    SCA = State CHIP Agency  
 FFM – A = Federally-Facilitated Marketplace, Assessment Model  
 FFM – D = Federally-Facilitated Marketplace, Determination Model

Notice Number	Scenario
6	Individual applies through SMA; Determined ineligible for Medicaid. <i>(2014 version with coordinated content)</i>
7	Individual applies through FFM-A; Assessed ineligible for Medicaid and determined eligible for APTC/CSR. FFM-A transfers application to SMA; Determined ineligible for Medicaid. <i>(Applicable in 2014+; assessment of Medicaid ineligibility but subsequent determination of Medicaid eligibility exception to combined notice policy as proposed in January 2013 NPRM)</i>
8	Mixed Program Family: Family applies through SMA; Children determined eligible for Medicaid. Adults appear eligible for APTC/CSR and transferred to Marketplace for determination. <i>(Applicable in 2014+; mixed family exception to combined notice policy as proposed in January 2013 NPRM)</i>
9	Mixed Program Family: Family applies through FFM-A; Children assessed eligible for Medicaid. Adults determined eligible for APTC/CSR and ineligible for Medicaid. FFM-A transfers application to SMA; Children determined eligible for Medicaid. <i>(Applicable in 2014+; mixed family exception to combined notice policy as proposed in January 2013 NPRM)</i>

# Scenarios

## KEY

SMA = State Medicaid Agency    SCA = State CHIP Agency  
 FFM – A = Federally-Facilitated Marketplace, Assessment Model  
 FFM – D = Federally-Facilitated Marketplace, Determination Model

Scenario Number	Scenario
10	Individual applies through SCA; Children determined eligible for CHIP and adults appear eligible for APTC/CSR. Adults transferred to Marketplace for APTC/CSR eligibility determination. <i>(Applicable in 2014+; mixed family exception to combined notice policy as proposed in January 2013 NPRM)</i>
11	Medicaid family: Individual applies through SMA; Children and adults determined eligible for Medicaid. <i>(Applicable in 2014+)</i>
12	Individual applies on behalf of child through SCA; Child determined ineligible for CHIP and screened ineligible for Medicaid. Child's application transferred to Marketplace for APTC/CSR eligibility determination. <i>(2014 version with coordinated content)</i>
13	Individual applies through SMA; Determined ineligible for full scope Medicaid based on citizenship/immigration status, but eligible for Emergency Medicaid. Appears eligible for APTC/CSR. Transferred to Marketplace for APTC/CSR eligibility determination. <i>(2014 version with coordinated content)</i>

# Looking at the Final Product

## Scenario:

- Individual submits an Insurance Affordability Program (IAP) application online to the State Medicaid Agency (SMA). SMA determines the individual eligible for Medicaid under MAGI rules for the new adult (Section VIII) group.

## Assumptions/Variables Selection:

- Individual is eligible for the new adult group
- Different ABP benefit packages
- Medicaid managed care state
- Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap

## MODEL 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 1-888-555-4567 (TTY: 1-866-555-6543).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámennos al 1-888-555-4567 (Las personas con problemas para oír - TTY: 1-866-555-6543).

Notice 1

Mary Smith  
123 Any Street  
Any Town, Any State 00111

Health coverage application date: November 1, 2013  
Letter date: November 5, 2013  
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, 2014.

### 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 1-888-555-4444 (TTY: 1-866-555-6666) 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 1-888-555-4567 (TTY: 1-866-555-6543) 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** and click "Account Setup."

**Questions?** Call us at 1-888-555-4567 (TTY: 1-866-555-6543). 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



# Looking at the Final Product

## Scenario:

- Individual submits an IAP application online to the SMA. Individual is determined ineligible for Medicaid under MAGI.

## Assumptions/Variables Selection:

- 2014 version with coordinated content on transferring the application to the Marketplace for APTC determination; however, in 2015, this notice would be a combined notice issued by the Marketplace reflecting a Medicaid denial and an APTC approval, as proposed in the January 2013 NPRM.

## MODEL NOTICE #6



You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-888-555-4567 (TTY: 1-866-555-6543).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámennos al 1-888-555-4567 (Las personas con problemas para oír - TTY: 1-866-555-6543).

Mary Smith  
123 Any Street  
Any Town, Any State 00111

Health coverage application date: November 1, 2013  
Letter date: November 5, 2013  
Letter number: 34567

### Why you are getting this letter

We reviewed your application. We decided that you do not qualify for Medicaid health coverage. But, you still might be able to get health coverage—and help paying for it—through the new Health Insurance Marketplace. We sent your application to them. The Marketplace will send you a letter letting you know what to do next. If you do not hear from the Marketplace shortly, please call them at 1-888-555-6789 (TTY: 1-866-555-4321).

In the meantime, you can create a Marketplace user account. To create an account, go to HealthCare.gov marketplace and click "Account Setup." This user account is different from a Medicaid user account.

### How we made our 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. See the next page to learn more.

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

### If you have special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs. Medicaid health coverage offers more health services and lower costs. Special health care needs include if a person:

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

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 1-888-555-4567 (TTY: 1-866-555-6543) 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.

**Questions?** Call us at 1-888-555-4567 (TTY: 1-866-555-6543). 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.

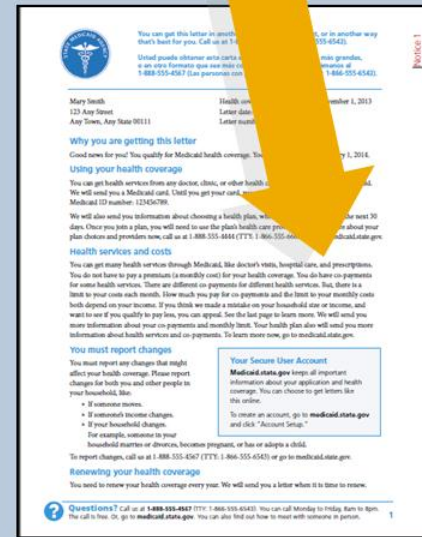
Notice 6

**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."

# Toolkit Reminder

## Here's how the tools developed make up a final model notice

- The **statutory and regulatory analysis** is a reference for all Federally-required content
- The **menu set** is the bank of messages that can be incorporated across notices
- The **template** reflects the configuration of applicable messages from the menu set based on a specific eligibility scenario
- The **model notice** translates the template into the consumer-facing letter



# How Much Detail Should States Provide

**States will have multiple considerations in designing notices:**

- Consumer communications needs
- Consumer literacy best practices
- Communication modalities
- Federal legal and policy requirements
- State legal and policy requirements
- State systems requirements

**These areas all have implications for the level of detail, specificity of information, and design of the notice**

# Potential State Approaches

- **Basis of Determination:** Assess how to convey the income basis of determination in compliance with IRS/SSA privacy and security rules (e.g., display consumer attested amount)
- **Services in Other Languages:** Consider what languages should be available to meet the needs of their population
- **Benefits and Cost-sharing Details:** Could include general or more specific information about services covered in benefit packages and cost-sharing obligations by service (Depends on if that information is presented separately)
- **Referrals to Other Public Benefit Programs:** Could include the customer service contact information for other public benefit programs, such as SNAP
- **Other Resources:** Could direct individuals to other sources for primary health care safety net services (may be required in some states); Could also include information about additional resources, such as additional assistance for appeals

# Lessons Learned and Tips for Effective Notices

## Challenges:

1. Getting people to read a notice
2. Making sure they can understand the content



## STATE CONSIDERATIONS:

Depending on state systems capacity and ability to use color, states may want to utilize icons and grayscale colors

# Lessons Learned and Tips for Effective Notices

## Format for optimal readability:

- Use a standard letter format
- Choose simple, familiar fonts
  - ✓ Choose a serif font, such as Times New Roman, for the body text
  - ✓ Choose a sans serif font, such as Arial, for headers
- Left align text
- Use emphasis such as bold or large print strategically
- Use color for visual interest and to aid in navigation



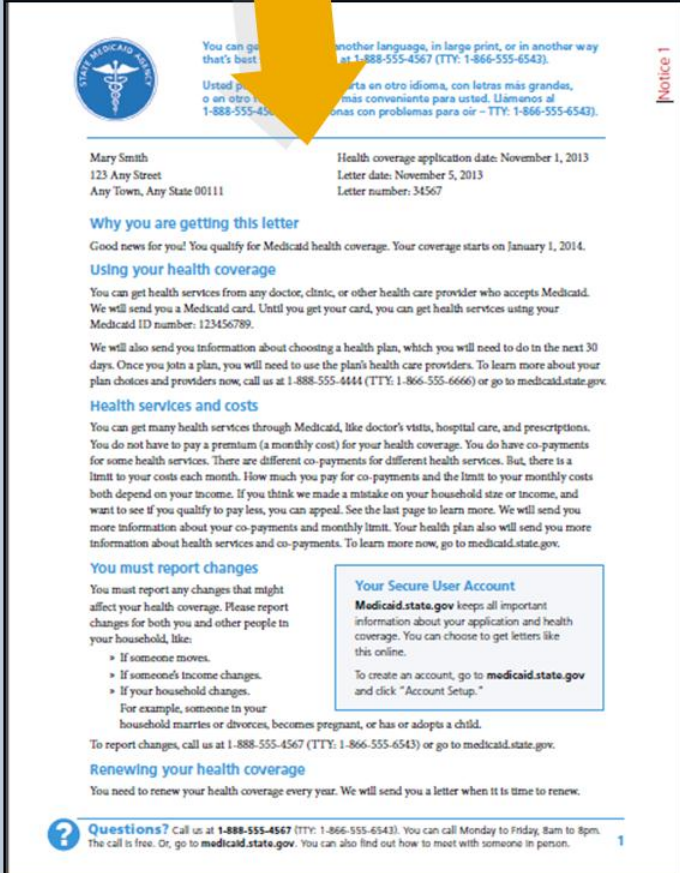
# Lessons Learned and Tips for Effective Notices

## Utilizing white space:

- Although it is tempting to save space by crowding information on a page, readers are more likely to read and understand information when sufficient white space is retained in margins and between sections

## White space occurs in and around:

- Print
- Between lines of text and after headings and paragraphs
- In margins, next to lines of text
- Between columns and around graphics and text boxes



**STATE MEDICAID AGENCY**

You can get this notice in another language, in large print, or in another way that's best for you. Call 1-888-555-4567 (TTY: 1-866-555-6543).

Usted puede obtener esta información en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámennos al 1-888-555-4567 (TTY: 1-866-555-6543).

**Notice 1**

Mary Smith  
123 Any Street  
Any Town, Any State 00111

Health coverage application date: November 1, 2013  
Letter date: November 5, 2013  
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, 2014.

**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 1-888-555-4444 (TTY: 1-866-555-6666) 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 1-888-555-4567 (TTY: 1-866-555-6543) 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.

**Questions?** Call us at 1-888-555-4567 (TTY: 1-866-555-6543). 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.

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# Lessons Learned and Tips for Effective Notices

## ○ Maximizing readability:

- Organize the content logically
- Tell readers what the notice is about
- Tell readers what action they must take
- Group content into manageable chunks
- Use navigation aids such as sections, descriptive headers, bullets, numbers or checklists
- Keep notices short and to the point
- Minimize the use of charts and tables





# Lessons Learned and Tips for Effective Notices

## Maximizing readability:

- Write simple, short sentences
- Develop one topic paragraphs
- Use common words that most adults know
- Write in a conversational tone
- Use the active voice
- Avoid jargon
- Streamline the text

→ **Read it aloud to yourself!**



# Lessons Learned and Tips for Effective Notices

## Balancing length and readability:

- There is an inverse relationship between length and readability; readers are more likely to stop short if the notice seems too long or overwhelming.

## To shorten:

- Focus on what readers need to know and do right now
- What can they find out about later, or in another communication?
- Delete everything that's not necessary

## If it's still too long:

- Put the most critical information on the first page



## STATE CONSIDERATIONS:

States may also have resource considerations (e.g., number of pages that will fit in standard envelope, etc.)

# Contact

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