

## T2432 - Eligibility Notice

**Template ID:** 2432

**Recipient:** Customer

**Subject line:** Eligibility notice: You must take action to enroll eligible household members in a health coverage plan through <Exchange>.

**Trigger:** This notice is triggered when a customer's application is submitted either manually or via an automated process (e.g. Account Transfer received from Medicaid agency)

**Additional Information:** The notice is queued until the end of the day. If a customer submits an application more than once within a day, only the last version of the notice is sent. This notice is used for both OEP and SEP applications.

**Notice content:**

<HEADER>

\${name}

\${Address}

\${todayDate}

Application Date: \${submitDate}

\${PlanYear} Application ID: \${eligibilityID}

Dear \${primaryApplicantName},

Thank you for applying for insurance coverage through <Exchange>!

**Eligibility Summary**

Below is a summary of your household's eligibility to enroll in health coverage through <Exchange>. This is a summary only.

Please review your eligibility and follow the steps listed below, including submitting any required documents, <#IFOEP> by [Open Enrollment end date], or for coverage beginning January 1, make sure to enroll by December 15. <#IFSEP> by {{<<life change event>> + 60days}} to ensure you can enroll in health coverage for the remainder of [year].

Household Member(s)	Results
Abraham Doe	<ul style="list-style-type: none"> <li>Assessed Medicaid eligible</li> <li>Eligible to enroll in health coverage through &lt;Exchange&gt; without financial assistance (full-cost only)</li> </ul>
Pete Doe	<ul style="list-style-type: none"> <li>Assessed Medicaid eligible</li> <li>Eligible to enroll in health coverage through &lt;Exchange&gt; without financial assistance (full-cost only)</li> </ul>
Jane Doe	<ul style="list-style-type: none"> <li>Assessed eligible for coverage through [CHIP program name]</li> <li>Eligible to enroll in health coverage through &lt;Exchange&gt; without financial assistance (full-cost only)</li> </ul>
Jim Doe	<ul style="list-style-type: none"> <li>Eligible for financial assistance to help pay for health coverage through &lt;Exchange&gt;</li> </ul>
James Doe	<ul style="list-style-type: none"> <li>Eligible for health coverage through &lt;Exchange&gt;</li> </ul>
John Doe	<ul style="list-style-type: none"> <li>Not Eligible to enroll in health coverage through &lt;Exchange&gt;</li> </ul>
Jen Doe	<ul style="list-style-type: none"> <li>Not seeking coverage</li> </ul>

# if Exchange eligible

### Take action to enroll in coverage through <Exchange>

Based on the information provided on your application, the following household members are eligible to enroll in health coverage through <Exchange>. Please review the following to understand the next steps you need to take to enroll in coverage, and any financial assistance you may qualify for to help pay for the cost of health coverage and care.

Household member(s)	Results	Next steps
Jim Doe	<ul style="list-style-type: none"> <li>• Eligible to buy health coverage through &lt;Exchange&gt; for [year]</li> <li>• Eligible for financial assistance to help pay for health coverage through &lt;Exchange&gt;. <ul style="list-style-type: none"> <li>◦ \${{APTC}} each month, which is \$[amount] for the year, for your household.</li> </ul> </li> <li>• Eligible for lower out-of-pocket health care costs if you chose a Silver plan.</li> <li>• This is based on the yearly household income of \$[amount]—the amount that you put on your application, or that came from other recent information sources.</li> </ul>	<ul style="list-style-type: none"> <li>• Choose a plan and pay your first month's bill or "premium."</li> <li>• You must choose a Silver plan to access extra savings on out-of-pocket health care costs.</li> </ul>

### What should I do next?

Now that you are eligible for coverage, it is time to enroll in a health plan through <Exchange> by <#IFOEP>[Open Enrollment end date], or for coverage beginning January 1, make sure to enroll by December 15. #IFSEP by {{<<life change event>> + 60days}}.

Follow the steps below to enroll in a plan online or over the phone. Depending on your circumstances, you may qualify for financial assistance to help pay for the cost of health coverage and care:

#### Online:

- Log into your account at [<Exchange URL>](http://<Exchange URL>).
- Each household member must complete any outstanding tasks listed under "Next Steps" in the table above, which could include requests for documentation.
  - (See the next section of this notice for a list of documents you can submit and how to submit them.)
- Continue to select the right health coverage for your health needs and budget.
- Pay the first month's premium to enroll in coverage.

#### By phone:

- Call <Exchange> Customer Service at <toll-free#> <TTY#>.

- If you don't already have a <Exchange> account, you'll need the Application ID that's printed on this notice when you contact <Exchange> Customer Service.
- Each household member must complete any outstanding tasks listed under "Next Steps" in the table above, which could include requests for documentation.
  - See the next section of this notice for a list of documents you can submit and how to submit them.
- Continue to select the right health coverage for your health needs and budget.
- Pay the first month's premium to enroll in coverage.

## Get Help

Applications can sometimes seem confusing or complicated. We get it. If you need help filling out your application, you can access help over the phone or in-person. There are many resources available for you to get the help you need:

- To find an assister or broker ready to help you enroll in a health plan that is right for you, please visit <find a broker/assister URL> or call <toll-free #>.

#if Medicaid Assessed

#if medicaidDeniedIndicator=false and Medicaid Assessed

## You may be eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP).

Based on information you provided to <Exchange>, the household members listed below may be eligible for coverage through [Medicaid program name]. This result is based on the monthly household income of \$[amount] that you provided on your <Exchange> application. Please review the following to understand your health coverage next steps.

Household member(s)	Results	Next steps
Abraham Doe	<ul style="list-style-type: none"> <li>• May be eligible for free or low-cost coverage through [Medicaid program name].</li> <li>• This result is based on the monthly household income of \$[amount] that you provided on your &lt;Exchange&gt; application.</li> </ul>	<ul style="list-style-type: none"> <li>• We're sending your information to the [Medicaid agency name]</li> <li>• [Medicaid agency name] will let you know if you can enroll in Medicaid coverage</li> <li>• If you qualify for [Medicaid program name], you will not be able to receive financial assistance to lower the cost of health coverage through &lt;Exchange&gt;.</li> </ul>
Jane Doe	<ul style="list-style-type: none"> <li>• May be eligible for free or low-cost coverage through</li> </ul>	<ul style="list-style-type: none"> <li>• We're sending your information to the [CHIP agency name].</li> </ul>

	<p>[CHIP program name] (CHIP),</p> <ul style="list-style-type: none"> <li>This result is based on the monthly household income of \$[amount] that you provided on your &lt;Exchange&gt; application.</li> </ul>	<ul style="list-style-type: none"> <li>[CHIP agency name] will let you know if you qualify to enroll in CHIP coverage</li> <li>If you qualify for [CHIP program name], you will not be able to receive financial assistance to lower the cost of health coverage through &lt;Exchange&gt;.</li> </ul>
--	---	---

## Get Help

Applications can sometimes seem confusing or complicated. We get it. If you need help filling out your application, you can access help over the phone or in-person. There are many resources available for you to get the help you need:

- To find an assister or broker ready to help you enroll in a health plan that is right for you, please visit <find a broker/assister URL> or call <toll-free #>.

<#if anyDMIs>

## Take action to ensure you remain eligible for health coverage through <Exchange>

You are at risk of losing your eligibility for health coverage and any financial assistance you may be receiving through <Exchange>. Our records show that <DMI> does not match the information on your application. We may only need a document or two from you to confirm your eligibility.

Household Member	Eligibility	Next steps
		<b>Important: You must send documents to ensure you can remain covered.</b>
Jim Doe	<ul style="list-style-type: none"> <li>Eligible to enroll in health coverage through&lt;Exchange&gt;.</li> <li>Eligible for \${APTC} monthly subsidy, but you need to provide more information to confirm.</li> <li>This result is based on the monthly household income of \$[amount] that you provided</li> </ul>	<p><b># if income DMI</b></p> <ul style="list-style-type: none"> <li>Choose a plan and pay your first month's premium</li> <li>By {{&lt;submit_date&gt; + 90days}}, send one of the documents listed below to confirm:</li> </ul>

	on your <Exchange> application.	<ul style="list-style-type: none"> <li>○ Your household income</li> </ul>
James Doe	<ul style="list-style-type: none"> <li>• Enrolled in health coverage through &lt;Exchange&gt;, but you need to provide more information to remain covered</li> <li>• This result is based on the information that you provided on your &lt;Exchange&gt; application.</li> </ul>	<p><b># If any non-income DMIs:</b></p> <ul style="list-style-type: none"> <li>• By {{&lt;submit_date&gt; + 90days}}, send one of the documents listed below to confirm: <ul style="list-style-type: none"> <li>○ Your citizenship status</li> </ul> </li> <li>• You must submit this documentation or you risk losing your current coverage</li> </ul>

### What documentation should I submit?

#### #ifincomeDMI

To **confirm your income and eligibility for financial assistance** to enroll in coverage through <Exchange> you need to **submit one** of the following documents:

- 1040 tax return (federal or state versions), including Schedule 1 if you file one with your taxes—Must contain first name, last name, income amount, and tax year.
- W2s and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)—Must contain first name, last name, income amount, year, and employer name (if applicable)
- Pay stub—Must contain first name, last name, income amount, and pay period or frequency of pay with date of payment. If a pay stub includes overtime, indicate average overtime amount per paycheck.
- Self-employment documentation (includes 1040 Schedule C, most recent quarterly or year-to-date profit and loss statement, or self-employment ledger)—Must contain first name, last name, company name, and income amount. If submitting a self-employment ledger, include dates covered by the ledger, and the net income from profit/loss
- Social Security Administration statements (Social Security Benefits Letter)—Must contain first name, last name, benefit amount, and frequency of pay
- Unemployment benefits (unemployment benefits letter)—Must contain first name, last name, source/agency, benefit amount, and duration (start and end date, if applicable)

#### #ifcitizenshipDMI

To **verify citizenship status** so you can enroll in coverage through <Exchange> you need you to **submit one** of the following documents:

- U.S. public birth certificate

- Consular Report of Birth Abroad (FS-240, CRBA)
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- U.S. Citizen Identification Card (I-197 or the prior version I-179)
- Northern Mariana Card (I-873)
- Final adoption decree showing the person's name and U.S. place of birth
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth
- U.S. life, health or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing the child's name and U.S. place of birth
- Federal or State census record showing U.S. citizenship or U.S. place of birth
- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)
- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- Document from a federally recognized Indian tribe that includes your name and the name of the federally recognized Indian tribe that issued the document, and shows your membership, enrollment, or affiliation with the tribe. Documents you can provide include:
  - A Tribal enrollment card
  - A Certificate of Degree of Indian Blood
  - A Tribal census document
  - Documents on Tribal letterhead signed by a Tribal official

### **How to submit documents**

There are two ways to send documents to <Exchange>:

1. The fastest option is to **upload documents online**.
  - Log in to your <Exchange> account on **<Exchange URL>** by clicking on "Log in" at the top of the page.
  - Once you're logged in, select your current application and then use the menu on the left side of your screen to click on Application Details. On the next screen, you'll see a list of any data matching issues (called "inconsistencies" on the screen) in your application.
  - Follow the directions to resolve each inconsistency to upload the documents needed to fix the issue.

OR

2. **Mail a copy** of the documents to the address below. Please write your name and application ID on all your documents. You should keep the original documents.

Send a copy of the documents to: **<The Exchange mailing address>**

## **Get Help**

Applications can sometimes seem confusing or complicated. We get it. If you need help filling out your application, or understanding what documents to submit, you can access help over the phone or in-person. There are many resources available for you to get the help you need:

- To find an assister or broker ready to help you enroll in a health plan that is right for you, please visit <find a broker/assister URL> or call <toll-free #>.

## **What if information from my application changes during the year?**

Your life might change over the coming year. For example, you might get married, have a child, or start a new job. If you have a big life change this year, you need to let us know within 30 days of that change so you can continue to receive the correct amount of financial assistance to help pay for health coverage and care.

Changes may affect your eligibility for:

- Financial assistance to help pay for coverage
- Cost-sharing reductions that lower your out-of-pocket health costs
- Coverage through [Medicaid program name] or [CHIP program name] (CHIP)



## **APPEAL RIGHTS**

You have received the attached Eligibility Determination from <Exchange> regarding your health insurance. If you believe that any part of this Eligibility Determination is in error, you have a right to file an appeal of a **final determination** of the Exchange.

You can appeal a decision to deny, terminate, or change your eligibility for, among other things:

- Your eligibility to buy health coverage through <Exchange>
- Advanced premium tax credits (including the dollar amount of your tax credit)
- Cost-sharing reductions (including the dollar amount of your cost-sharing reductions)
- Medicaid eligibility
- CHIP eligibility
- Exemptions from the Individual Responsibility Requirement due to Hardship or Affordability

You have **90 days from the mailing date** of this notice to file an appeal. **Please note:**

- Your appeal is filed the day it is received. That means your appeal **must be received** by <Exchange> before close of business on the 90<sup>th</sup> day. Simply putting it in the mail on the 90<sup>th</sup> day is not enough. It is the date of **receipt by the Exchange**, not the date you deposit the appeal in the mail that determines the date your appeal is filed.
- Your appeal *should* be in writing and must include your name, address, and a detailed reason why you believe the Exchange's eligibility determination is in error. If you are requesting an appeal for someone else (like your child), also include their name.
- **Any decision about your eligibility for benefits must also change the eligibility of other people in your household.**
- If you choose to file an appeal, it will be your burden to demonstrate why the Exchange's decision should be overturned in this case. All appeals from actions of the Office are governed by 45 C.F.R. §§ 155.10, *et seq.* and the General Rules of Administrative Practice and Procedure, 1 Pa. Code § Part II, Chapters 31-35.

### **How to File an Appeal**

To file an appeal, you **must** submit your appeal to the Exchange in one of the following ways:

By email at: \_\_\_\_\_

By fax at: \_\_\_\_\_

By First-Class U.S. Mail at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are struggling to file an appeal through one of the above methods, please contact Pennie Customer Service at <toll free #> <TTY>. **Although Pennie cannot provide you**

**legal advice, it can answer questions about filing an appeal, as well as assist you in filing an appeal.**

Please note, only *final* Eligibility Determinations of the Exchange are appealable. At times, some notices from the Exchange are not *final* Eligibility Determinations and cannot be appealed. These include, but are not limited to the following:

- If you receive notice that says that someone in your application needs to submit documents, then you must follow instructions for sending them. Until you submit documents and your issue is resolved, your eligibility notice is not a final Eligibility Determination and cannot be appealed.
- If you are required to send more information to the state Medicaid or CHIP agency, your eligibility notice is not a final determination of eligibility for Medicaid or CHIP coverage and it cannot be appealed.

### **ADDITIONAL INFORMATION**

Here is some additional information that might be helpful if you choose to file an appeal:

- If you need health services right away and a delay could seriously jeopardize your health, you can ask for a fast (expedited) appeal using the Appeal Request Form or by emailing, faxing, or sending a letter to the addresses above.
- You can represent yourself or appoint a representative to help you with your appeal. This person must be a lawyer.
- You can ask to keep your eligibility during your appeal. If you were previously eligible for Marketplace coverage or financial assistance and your eligibility is changed, you can appeal this change. In this case, you may be able to keep your previous eligibility during your appeal.
- The outcome of an appeal could change the eligibility of other members of your household even if they do not ask for an appeal.
- If you want to appeal a denial of eligibility for Medicaid, you can choose to have your appeal heard by the Exchange, or your appeal can be heard by the Pennsylvania Department of Human Services (DHS), the state Medicaid agency.
- For more information about DHS's appeals process, contact DHS by calling the following telephone number \_\_\_\_\_.

### **THE APPEALS PROCESS**

#### **What Happens When You File An Appeal**

Once you file the appeal, two meetings will be scheduled: 1) an informal review and 2) the formal hearing process. The informal process is optional. You do not need to participate, and can choose to wait for the formal hearing, but the informal review usually helps resolve the appeal faster.

**Informal Review:** The Exchange will conduct an informal review of your appeal depending on what you appeal. This may occur by telephone from the Exchange's call center or with one of its staff, including its legal counsel.

**Formal Process:** Within two weeks of filing your appeal, the Exchange will acknowledge receipt of your appeal. At that time, you will begin to receive information

from the Pennsylvania Department of Human Services, Bureau of Hearings and Appeals (BHA). BHA will serve as the independent hearing examiner that will adjudicate your case. **This is an in-person hearing that you must attend.**

At your hearing, you can testify, have others testify for you, and submit documents. Exchange representatives can ask you (or other people who testify) questions, as well as submit documents and testimony. You can ask any Exchange witness questions too.

A BHA hearing officer will then make a decision. You will get a notice explaining the decision by U.S. mail. It will also tell you what to do if you do not agree with it.

### **Ending Your Appeal Early**

You can cancel your appeal any time before the Administrative Law Judge makes a final written decision. If you withdraw your appeal because the agency promised to change its decision, that new decision stands even after you have withdrawn the appeal. **If you stop your appeal before the agency changes its decision, the notice you appealed will be enforced as written.**