

**Appendix A: Data Elements for Notices Under 45 CFR Part 155, Part 156, and Part 157**

| <b>Data Elements for Eligibility Determination Notice (45 CFR 155.310(g))-</b> Sent after the processing of an initial application, as well as after the processing of self-reported changes, or changes identified through periodic data matching or annual redetermination. |  |   |
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| <p><b>Household Contact Information –</b><br/>Name, address(es)</p>   | <p><b>Eligibility Determination Information, For Each Applicant that applied together, if applicable-</b><br/>Eligibility determination or assessment for each applicant for enrollment in a QHP and insurance affordability programs, as applicable. Maximum APTC amount*, CSR category*, qualification for enrollment period for enrollment in a QHP*.</p> <p>If Exchange conducted an assessment for Medicaid/CHIP and individual is not assessed as potentially eligible for Medicaid or CHIP based on MAGI, information about withdrawal of application for Medicaid/CHIP and right to a full Medicaid determination* (45 CFR 155.302(b)(4))</p> <p>If an individual meets the criteria specified in 155.320(d)(3)(iii), an indication that the Exchange will be contacting the employers listed on the application for additional information.</p> | <p><b>Enrollment Information* –</b><br/>Instructions for QHP plan selection, deadline for plan selection based on enrollment period, information about online tools.</p> <p>If coverage in a QHP is being terminated, information regarding the termination reason and effective date.*</p> <p>If Exchange determined or assessed an applicant as eligible for Medicaid or CHIP, information regarding what steps the Medicaid/CHIP agency will take.</p> |
| <p><b>Customer Service Information –</b><br/>Contact information for the Exchange, information regarding Navigators and other customer service resources serving the applicant’s area, Medicaid and CHIP</p>  | <p><b>Inconsistencies* -</b><br/>If an inconsistency exists for any applicant, the cause for the inconsistency, length of the inconsistency period, and directions for resolving inconsistency, including acceptable</p>   | <p><b>Citation to regulation for action, including the reason for the action</b><br/>(45 CFR 155.230(a)(3))</p>   |

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| <p><b>Customer Service Information</b> (45 CFR 155.230(a)(1))</p>               | <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p> | <p><b>Appeal rights and instructions</b> (45 CFR 155.715(e))</p>  |
| <p><b>Change of Plan/Information</b> (45 CFR 155.230(a)(1))</p>                 | <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p> | <p><b>Benefinder to be reported charges within 30 days of a change related to eligibility, the possibility the year-end</b></p> |
| <p><b>Notice of a grace period</b> (45 CFR 155.230(a)(1))</p>                   | <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p> | <p><b>Notice of a grace period</b> (45 CFR 155.230(a)(1))</p>   |
| <p><b>Termination of Coverage</b> (45 CFR 155.270(b))</p>                       | <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p> | <p><b>Disclosure statements</b> (employees affected by the termination) (45 CFR 155.260(i)(v))</p>                              |
| <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p> | <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p> | <p><b>SHOP Required Notices to Employees</b></p>  |
| <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p> | <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p> | <p><b>Notice of Rights and Remedies for Individuals</b> (45 CFR 155.230(f))</p>   |
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**Notice of employer withdrawal –**

Notification to the employee of its employer’s termination of participation in coverage. Includes date of termination of coverage (45 CFR 155.715(g) and information regarding other coverage options through the Exchange, as well as contact information for the Exchange and information regarding Navigators and other customer service resources serving the employee’s area

**Notice of annual enrollment period -**

Current plan and contribution election information, potential actions the employee may want to take – renew plan, change plans, terminate enrollment (45 CFR 155.725(f))

**Qualified Employer Required Notices to Employees**

**Notice of enrollment process** – A qualified employer must inform each employee that they are being offered coverage through the SHOP and inform each employee of the instructions about how to enroll in health insurance coverage through the SHOP, including information about what formats the employee may submit an application: online, on paper, or by phone (45 CFR 157.205(c)). If the employee being offered coverage was hired outside an initial or annual enrollment period, the notice will include information about whether the employee may qualify for a special enrollment period (45 CFR 157.205(e))

**Qualified Employer Required Notices to a SHOP**

**Notice of change in eligibility for coverage** – A qualified employer must provide the SHOP with an update the application if an employee and his or her dependents have a change in eligibility status. For an employee, this consists of an application update including, the employee’s name, SSN, and DOB. For dependents, this is a yes/no question. Information submission may be completed online, by phone, or by paper (45 CFR 157.205(f))

\*Information will only be included in the notice if applicable.