OMB Control #: 0938-NEW Expiration Date: XX/XX/20XX

# **Overview of Communications Toolkit**

# **Purpose of the Communications Toolkit**

This document must be used by Enhanced Direct Enrollment (EDE) Entities to develop the EDE user interface (UI). This document outlines the communications requirements that must be met in order to participate in EDE.

All requirements in the Communications toolkit must be implemented by EDE Entities and audited by an EDE Auditor regardless of an Entity's selected end-state application phase, unless specifically indicated otherwise (i.e., "Requirement 6: Phase-Specific Requirements").

<u>Note:</u> The Communications Toolkit requirements represent the minimum communications that EDE Entities must provide. CMS does not prevent EDE Entities from providing additional communications from those described within the Communications Toolkit; however, any changes made to an audited or approved EDE Environment must be documented through the EDE Entity-initiated Change Request Process, as described in the EDE Guidelines, Section XI.

	Note on Draft	
All requirements are subject to change.		
	Navigating Updates to the Toolkit	
N/A		
	User Guide - Tabs	
Requirements	This tab displays EDE communications requirements.	
DMI Document Types	This tab displays acceptable documents for each data matching issue (DMI)	
	type.	
SVI Document Types	This tab displays acceptable documents for each SEP verification issue (SVI)	
	type.	

Tab: Requirements		
Columns Description		
Requirement	This column assigns a unique number for each requirement.	
High-Level Description of EDE Entity Communications	This column displays high-level descriptions of communication requirements.	
Requirements		
Communications Requirement for EDE Entities	This column displays specific communication requirements.	
Document Submission Requirements and Additional	This column displays additional notes to EDE Entities and Auditors for	
Notes to EDE Entities and Auditors	implementing and reviewing certain requirements, respectively.	
Auditor Compliance Conclusion**	This column is for Auditor use only.	
Risk Level**	This column is for Auditor use only.	
Risk Mitigation Strategy**	This column is for Auditor use only.	
Estimated Resolution Date**	This column is for Auditor use only.	
Auditor Comments**	This column is for Auditor use only.	

Tab: DMI Document Types		
Columns Description		
DMI Type	This column describes each type of DMI.	
Full Lists of Acceptable Documents	This column contains the acceptable documents that the consumer can submit in response to each type of DMI as described in Requirement 3.	
Document Upload Menu Language	This column contains the required short list of DMI document types for a document upload menu drop-down list as described in Requirement 2.	

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Tab: SVI Document Types		
Columns Description		
SVI Type	This column describes each type of SVI.	
Full Lists of Acceptable Documents	This column contains the acceptable documents that the consumer can submit in response to each type of SVI as described in Requirement 3.	
Document Upload Menu Language	This column contains the required short list of SVI document types for a document upload menu drop-down list, as described in Requirement 2.	

Tab: Spanish Translation_Req.17-24		
Columns	Description	
Requirement	This column assigns a unique number for each requirement.	
High-Level Description of EDE Entity Communications Requirements	This column displays high-level descriptions of communication requirements.	
Communications Requirement for EDE Entities	This column displays the Spanish-language translation of the content displayed in the Requirements tab for specific Communications requirements.	
Document Submission Requirements and Additional Notes to EDE Entities and Auditors	This column displays additional notes to EDE Entities and Auditors for implementing and reviewing certain requirements, respectively.	
Auditor Compliance Conclusion**	This column is for Auditor use only.	
Risk Level**	This column is for Auditor use only.	
Risk Mitigation Strategy**	This column is for Auditor use only.	
Estimated Resolution Date**	This column is for Auditor use only.	
Auditor Comments**	This column is for Auditor use only.	

Tab: Spanish Translation_Req.25-29		
Columns	Description	
Requirement	This column assigns a unique number for each requirement.	
High-Level Description of EDE Entity Communications Requirements	This column displays high-level descriptions of communication requirements.	
Communications Requirement for EDE Entities	This column displays the Spanish-language translation of the content displayed in the Requirements tab for specific Communications requirements.	
Document Submission Requirements and Additional Notes to EDE Entities and Auditors	This column displays additional notes to EDE Entities and Auditors for implementing and reviewing certain requirements, respectively.	
Auditor Compliance Conclusion**	This column is for Auditor use only.	
Risk Level**	This column is for Auditor use only.	
Risk Mitigation Strategy**	This column is for Auditor use only.	
Estimated Resolution Date**	This column is for Auditor use only.	
Auditor Comments**	This column is for Auditor use only.	

# Communications Toolkit

# Purpose of This Toolkit

This document is designed to help Enhanced Direct Enrollment (EDE) Auditors evaluate and document that the EDE Entity is compliant with the communications requirements set forth by

The Auditor must verify that the EDE Entity complies with all communication requirements.

## **Required Documentation:**

The Auditor must provide written confirmation in this toolkit, as part of the Operational Readiness Review (ORR), stating that it confirmed the EDE Entity is compliant with the requirements listed in this toolkit. For some requirements, Auditors must include screenshots/other evidence as explained in column D of the "Requirements" tab. When uploading supporting documentation to your DE/EDE PME Site, please group files by the Communications toolkit requirement and compress the folders into one zip file. Also review the EDE Business Audit Instructions and Report Template section, 1.3 How to Submit the Completed Business Report and Toolkits, for further instructions on how to submit required documentation.

All requirements in the Communications toolkit must be implemented by EDE Entities and audited by an EDE Auditor regardless of an Entity's selected end-state application phase, unless specifically indicated otherwise (i.e., "Requirement 6: Phase -Specific Requirements").

### Tip:

The Auditor may be able to review some of the communications requirements while completing the API Functional Integration Toolkit and the Eligibility Results Toolkit(s).

### Note:

For Auditors reviewing an EDE Entity's Spanish-language version of critical communications, the Auditor can add additional columns for the auditor compliance findings fields (yellow-shaded columns) to the Communications toolkit ("Requirements" tab) to document compliance of the Spanish-language translation, or complete the Spanish audit in a second copy of the toolkit as a supplemental submission after the initial ORR submission. On June 20, 2018, CMS released an FAQ on this topic, available here: https://www.cms.gov/CCIIO/Programs-and-initiatives/Health-insurance-Marketplaces/Downloads/FAQ-EDE-Spanish-Translation-and-Audit-Requirements.PDF

### Note:

The Communications Toolkit requirements represent the minimum communications that EDE Entities must provide. CMS does not prevent EDE Entities from providing additional communications from those described within the Communications Toolkit; however, any changes made to an audited or approved EDE Environment must be documented through the EDE Entity-initiated Change Request Process, as described in the EDE Guidelines, Section XI.

### Note on Draft

All requirements are subject to change.

Tabs for Auditor Review			
Tab	Description	How to Review	
Requirements	This tab displays communication requirements.	The Auditor will use this tab to track compliance with each requirement defined within the tab. The Auditor must carefully examine the requirement prior to confirming the EDE Entity's compliance with this toolkit.  Tip: The Auditor may be able to review some of the communications requirements while completing the API Functional Integration Toolkit and the Eligibility Results Toolkit(s).	
DMI Document Types	This tab contains the acceptable documents that the consumer can submit in response to each type of data matching issue (DMI).	The Auditor must reference this tab when completing the Requirements tab	
SVI Document Types	This tab contains the acceptable documents that the consumer can submit in response to each type of SEP verification issue (SVI).	The Auditor must reference this tab when completing the Requirements tab	

Audit Requirements by Tab		
<b>Tab: Requirements</b> In this tab, the Auditor must scroll to the right to complete the last five columns whose column headings are shaded in yellow or marked with "**."		
Columns	Description	How to Review
Requirement	This column assigns a unique number for each requirement.	N/A
High-Level Description of EDE Entity Communications Requirements	High-level description of communication requirements.	This column contains the high-level requirement categories for the Auditors to review.
Communications Requirement for EDE Entities	Specific communication requirements.	The Auditor must determine if EDE Entity is compliant with these requirements.
Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Additional notes to EDE Entities and auditors for implementing and reviewing certain requirements, respectively.	The Auditor must use this information to inform the audit, and follow any instructions listed in this column.
Auditor Compliance Conclusion**	The Auditor must provide a conclusion as to whether the scenario or requirement defined in each row is compliant with the CMS requirements.	The Auditor will verify that EDE Entity is compliant with CMS requirements as defined in the other columns in the "Requirements" tab. The Auditor must use the "DMI Document Types" and "SVI Document Types" tabs to verify compliance with certain requirements. If the EDE Entity is compliant with each requirement, the Auditor must indicate "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column.

Columns	Description	How to Review
Risk Level**	Auditors must assign a risk level to each risk it identifies.	The Auditor must assign a risk level of "high" or "low" to each risk. High-risk issues may impact a consumer's eligibility determination, enrollment disposition or status, or legal attestation. High-risk issues may also greatly hinder the consumer experience or impact data collection (e.g., skipping a question that is required for an EDE Entity to ask, but optional for the consumer to answer).  Low-risk issues are unlikely to affect a consumer's eligibility determination, enrollment disposition or status, legal attestation, experience (i.e., in a negative or confusing way), or data collection. <b>Note:</b> These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	Auditors must explain how a risk(s) was mitigated.	As the Auditor identifies compliance risks, the Auditor and EDE Entity will identify a mitigation strategy that will mitigate or eliminate the compliance risk. The Auditor must document that mitigation strategy here. This includes documenting the mitigation strategy for any identified risk that the DE Entity has resolved.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the EDE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments**	Auditors must use the Auditor comments column for any additional notes or comments pertaining to each item.	The Auditor can add any comments necessary during the review, but is not required to do so.

Tab: DMI Document Types		
Columns	Description	How to Review
DMI Type	This column describes each type of DMI.	The Auditor must use this information to inform the audit for how the EDE Entity messages DMIs to the consumer and what the applicable next steps are to resolve the DMI.
Full Lists of Acceptable Documents	This column contains the acceptable documents that the consumer can submit in response to each type of DMI.	The Auditor must use this information to inform the audit for how the EDE Entity messages DMIs to the consumer and what the applicable next steps are to resolve the DMI, as described in Requirement 3.
Document Upload Menu Language		The Auditor must use this information to inform the audit for evaluating how the EDE Entity populates the DMI document upload drop-down menu consistent with Requirement 2.

Tab: SVI Document Types			
Columns	Description	How to Review	
SVI Type	This column describes each type of SVI.	The Auditor must use this information to inform the audit for how the EDE	
		Entity messages an SVI to the consumer and what the applicable next steps	
		are to resolve the SVI.	
Full Lists of Acceptable Documents	This column contains the acceptable documents that	The Auditor must use this information to inform the audit for how the EDE	
	the consumer can submit in response to each type of	Entity messages an SVI to the consumer and what the applicable next steps	
	SVI.	are to resolve the SVI, as described in Requirement 3.	
Document Upload Menu Language	This column contains the required short list of document types for a SVI document upload menu drog down list, as described in Requirement 2.	The Auditor must use this information to inform the audit for evaluating how the EDE Entity populates the SVI document upload drop-down menu consistent with Requirement 2.	

Tab: Spanish Translation_Req.17-24		
Columns	Description	How to Review
Requirement	This column assigns a unique number for each requirement.	N/A
High-Level Description of EDE Entity Communications Requirements	This column displays high-level descriptions of communication requirements.	This column contains the high-level requirement categories for the Auditors to review.
Communications Requirement for EDE Entities	This column displays the Spanish-language translation of the content displayed in the Requirements tab for specific Communications requirements.	The Auditor must determine if EDE Entity is compliant with these requirements.
Document Submission Requirements and Additional Notes to EDE Entities and Auditors	This column displays additional notes to EDE Entities and Auditors for implementing and reviewing certain requirements, respectively.	The Auditor must use this information to inform the audit, and follow any instructions listed in this column.
Auditor Compliance Conclusion**	The Auditor must provide a conclusion as to whether the scenario or requirement defined in each row is compliant with the CMS requirements.	The Auditor will verify that EDE Entity is compliant with CMS requirements as defined in the other columns in the "Requirements" tab. The Auditor must use the "DMI Document Types" and "SVI Document Types" tabs to verify compliance with certain requirements. If the EDE Entity is compliant with each requirement, the Auditor must indicate "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column.

Columns	Description	How to Review
Risk Level**	Auditors must assign a risk level to each risk it identifies.	The Auditor must assign a risk level of "high" or "low" to each risk. High-risk issues may impact a consumer's eligibility determination, enrollment disposition or status, or legal attestation. High-risk issues may also greatly hinder the consumer experience or impact data collection (e.g., skipping a question that is required for an EDE Entity to ask, but optional for the consumer to answer).  Low-risk issues are unlikely to affect a consumer's eligibility determination, enrollment disposition or status, legal attestation, experience (i.e., in a negative or confusing way), or data collection. <b>Note</b> : These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	Auditors must explain how a risk(s) was mitigated.	As the Auditor identifies compliance risks, the Auditor and EDE Entity will identify a mitigation strategy that will mitigate or eliminate the compliance risk. The Auditor must document that mitigation strategy here. This includes documenting the mitigation strategy for any identified risk that the DE Entity has resolved.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the EDE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments**	Auditors must use the Auditor comments column for any additional notes or comments pertaining to each item.	The Auditor can add any comments necessary during the review, but is not required to do so.

	Tab: Spanish Translation_Req.25-	29
Columns	Description	How to Review
Requirement	This column assigns a unique number for each requirement.	N/A
High-Level Description of EDE Entity Communications Requirements	This column displays high-level descriptions of communication requirements.	This column contains the high-level requirement categories for the Auditors to review.
Communications Requirement for EDE Entities	This column displays the Spanish-language translation of the content displayed in the Requirements tab for specific Communications requirements.	The Auditor must determine if EDE Entity is compliant with these requirements.
Document Submission Requirements and Additional Notes to EDE Entities and Auditors	This column displays additional notes to EDE Entities and Auditors for implementing and reviewing certain requirements, respectively.	The Auditor must use this information to inform the audit, and follow any instructions listed in this column.
Auditor Compliance Conclusion**	The Auditor must provide a conclusion as to whether the scenario or requirement defined in each row is compliant with the CMS requirements.	The Auditor will verify that EDE Entity is compliant with CMS requirements a defined in the other columns in the "Requirements" tab. The Auditor must use the "DMI Document Types" and "SVI Document Types" tabs to verify compliance with certain requirements. If the EDE Entity is compliant with each requirement, the Auditor must indicate "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column.
Risk Level**	Auditors must assign a risk level to each risk it identifies.	The Auditor must assign a risk level of "high" or "low" to each risk. High-risk issues may impact a consumer's eligibility determination, enrollment disposition or status, or legal attestation. High-risk issues may also greatly hinder the consumer experience or impact data collection (e.g., skipping a question that is required for an EDE Entity to ask, but optional for the consumer to answer).  Low-risk issues are unlikely to affect a consumer's eligibility determination, enrollment disposition or status, legal attestation, experience (i.e., in a negative or confusing way), or data collection. <b>Note</b> : These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	Auditors must explain how a risk(s) was mitigated.	As the Auditor identifies compliance risks, the Auditor and EDE Entity will identify a mitigation strategy that will mitigate or eliminate the compliance risk. The Auditor must document that mitigation strategy here. This includes documenting the mitigation strategy for any identified risk that the DE Entity has resolved.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the EDE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments**	Auditors must use the Auditor comments column for any additional notes or comments pertaining to each litem.	The Auditor can add any comments necessary during the review, but is not required to do so.

Requirement High-Level Description of EDE Entity Communications	Communications Requirement for DSF Ontrias	Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Auditor Compliance Conclusion**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
1 EDE Entity	EDE Entities must send emails to the consumer to notify them that their application was submitted and whether they have any DMIs. CMS currently sends two separate emails for the application submission and DMI creation events; however, the wording and formation and formation of the submitted and whether they have any DMIs. CMS currently sends two separate emails for the application submission and DMI creation events; however, the wording and formation and formation of the submission of the subm	The Auditor must submit sample communications that the EDE Entity is using to					
Application Submission & Data	of how the Entity communicates this to the consumer does not need to mirror CMS's current wording and format. The EDE Entity must reasonably communicate the consumer such that the consumer such that the consumer is educated about the application is a substantial is clear and consumer if in a way that is clear and consumer if individual in a substantial is clear and consumer if individual in a way that is clear and consumer if individual in a way that is clear and consumer if individual in a way that is clear and consumer if individual individua	communicate application submission and DMI creation to consumers. This must include a sample for when an Annual Income DMI is created after async processing					
Matching Issue (DM	6)	completed. Additionally, partners must provide a crosenshot of the stored FRP Annual					
Creation	CMS has functionality that enables consumers to complete application submission when a trusted data source is not available (i.e. "asynchronous submission" or "async processing"). For applications submission with a control information is needed for income with faction, the Standardiner Elizability Function (SSES) will occur and complete income function once the ISS becomes available. These adollication will either have annual income verified or an annual income verified or an annual income verified and complete income.	Income Event (after async processing completes) from their logs that corresponds to the email communication					
Communications	Information is needed in income with income and the income with income and the income with	the email communication.					
	Mass: When an application is submitted during "skyre processing" and other, non-income Milit are communicated to the consumer with the fritty's application submission and MM creation event emails, it's recommended to include content in those communication with information communication income information is still being processed and encourage them to check back in 24 hours to sell affaction is needed.						
	Entities may improve these communications in contrast to CMS's approach based on their knowledge of the consumer (examples: Combine the Application Submission & DMI Creation information into a single message; leverage the user interface to reinforce key						
	items to the consumer, etc.).						
	For EDE Entities and Auditors to reference, CMS has included example documents for these communications from HealthCare.gov (e.g., see the files "DMI Creation - English.pdf" and "Application Submitted - English.pdf").						
2 Document Upload	EDE Entities must provide, for each DMI and the loss of qualifying healthcare coverage Special Enrollment Period (SEP) Verification is sue (SVI), information specific to each DMI and SVI type. On the document upload page, for each DMI and SVI action item, EDE	The Auditor must provide screenshots for each DMI and the loss of qualifying					
and Special	Entities must provide the following information: action item (Itility/type of DMI/JVV), deadline, person(s) if applies to, description of action required, provide a drop-down menu for the consumer to select and upload documents for that DMI or VVI as dealistics to, description of action required, provide a drop-down menu for the consumer to select and upload documents for that DMI or VVI as dealistics to the DMI or VVI to the AMI or VVI to	healthcare coverage 5VI that includes the following: - Initial document upload page and educational content.					
Enrollment Period	(with a date and consumer-friendly title for each notice) (please also review requirements 12 and 13 on this tab of the Toolkit). EDE Entities must also provide introductory educational content that describes at a high level the purpose of uploading documents. At a	- An unobstructed and complete view of the full document upload drop down menu,					
(SEP) Verification	minimum, this must describe that the consumer will need to upload documents to the Exchange to provide proof of the consumer's information as provided on the application in order to complete their eligibility application and/or enrollment. As part of this consumer is the exchange to provide and on the application in order to complete their eligibility application and/or enrollment. As part of this consumer is the exchange to provide and on the application in order to complete their eligibility application and/or enrollment. As part of this consumer is the exchange to provide and on the application in order to complete their eligibility application and/or enrollment. As part of this consumer is the exchange to provide and the exchange to provide and the exchange to provide a part of the consumer is the exchange to provide a part of the exchange to provide a part of the exchange to provide a policy of the exchange to provide a part of the exchang	- A copy of the EDE Entity's hyperlinked webpage hosting the full list of acceptable					
Enrollment Period (SEP) Verification Issue (SVI) User Interface Display	For Diff deficies and Auditors to reference, DAS has included example documents for these communications from Hastiff Caragon (e.g., use the files "MAD Creation - English pill" and "Application Submitted - English pill".  The Diff is the example product for can't Date and the less of qualifying insulfaces consequence produced produced by the original pill insulfaces in the pill and the less of qualifying insulfaces are consequenced by the original pill, information is qualifying insulfaces paged by the pill insulfaces are consequently as a final pill insulfaces. A pill insulfaces are consequently as a final pill insulfaces are consequently as a final pill insulfaces are consequently as a final pill insulfaces. A pill insulfaces are consequently as a final pill insulfaces are consequently as a final pill insulfaces. A pill insulfaces are consequently as a final pill insulfaces are consequently as a final pill insulfaces. A pill insulfaces are consequently as a final pill insulfaces are consequently as a final pill insulfaces. A pill insulfaces are consequently as a final pill insulfaces are consequently as a final pill insulfaces. A pill insulfaces are consequently as a final pill insulfaces are consequently as a final pill insulfaces. A pill insulfaces are consequently as a final pill insulfaces are consequently as a final pill insulfaces. A pill insulfaces are consequently as a final pill insulfaces are co	- A representation of the document upload page with multiple DMIs and/or SVIs (if the					
		The Auditor must provide screening for each DMI and the loss of qualifying Marillares comes play has to include the foliage of the provided provided in the common update play and educational control, - An undestructed and complete invelow of the foliage plays and education control, - An opport and the DE destry's hyperind raide webspape horsing the facilities of acceptable - An opport and the DE destry's hyperind raide webspape horsing the facilities of acceptable - An opport and the DE destry's hyperind raide webspape horsing the facilities of acceptable - An opport and the DE destry's hyperind raide webspape horsing the facilities and the DE destry's hyperind raided webspape horsing the facilities of the acceptable - An opport and the DE destry's hyperind raided with a market of the destruction of the destruct					
	The EDE Entity must also provide a drop-down manu for the consumer to select a document type to upload specific documents that may be used to resolve each DMI or SVI. The required content for the drop down is in column C of the "DMI Document Types" and "SVI Document Types" that. If the EDE Entity install multiple DMIs and/or SVIs on each page, the EDE Entity must provide a unique document upload selection drop down for each DMI and SVIs. The EDE Entity must not allow consumers to select document types that are not	- Any other screenshots that constitute the DMI or SVI educational content or					
	applicable for a DMI or SVI as indicated in column C of the "DMI Document Types" or "SVI Document Types" tabs.	document upload functionality.					
3	In addition to the basic DMI and SVM display detailed in Requirement 2; DEE finitions have two options for displaying the full list of a capturable documents for a DMI or SVM, as displayed in column 8 of the "DMI Document Types" and "SVM Document	The Auditor must provide screenshots for each DMI and the loss of qualifying healthcare coverage SVI that includes the following:					
	allow flexibility in the display of the full list of acceptable documents as long as the content from column B is accessible to consumers and consistent with the other standards in this requirement. The tow options for displaying the full list of acceptable documents	- A copy of the EDE Entity's hyperlinked webpage hosting the full list of acceptable					
	are as follows:	documents (if the Entity is using this option and not relying solely on HealthCare.gov), - A screenshot demonstrating the EDE Entity's URL to the DMI- or SVI-specific					
	14) For the first option, after the introductory educational content, EDE Entities must provide a link to a separate webpage listing the full list of acceptable documents that a consumer may upload to resolve the respective DMI or SVI, as detailed in column B of the "DMI Document Types" and "SVI Document Types" tabs. If the EDE Entity opts to create its own webpage listing the full list of acceptable documents for each respective DMI or SVI, the Entity must also add the URLs to HealthCare gov for each respective DMI and SVI	HealthCare.gov webpage displaying the full list of acceptable documents.					
	"DMI Document Types" and "SW Document Types" tabs. If the EDE Entity opts to crease its own webpage listing the full list of acceptable documents for each respective DMI or SW, the Entity must also add the URIs to HealthCare gov for each respective DMI and SW flag provided on the "DMI Document Types" tabs. It is of acceptable of comments. As elevations in the Initial Care governey to the Comment Types and "SW Document Types" tabs. It is of acceptable documents, Swe shadows of the Initial Care governey to the Comment Types and "SW Document Types" tabs. It is of acceptable documents, Swe shadows of the Initial Care governey to the Comment Types and "SW Document Types" tabs. It is of acceptable the Comments, Swe shadows of the Initial Care governey to the Initial	<ul> <li>Any other screenshots that constitute the DMI or SVI educational content or document upload functionality.</li> </ul>					
	(as provided or the 10m LOCCIMENT (1996, and 350 LOCCIMENT (1996), and	document uprowd functionality.					
	13) Alternatively, the EDE Entity may provide a link to the specific webpage (or section of a webpage) on HealthCare gove that provide the full list of acceptable documents for that specific DMI or 5VI consistent with the "DMI Document Types" and "SVI Document Types" table. The EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI consistent with the "DMI Document Types" and "SVI Document Types" table. The EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI, the EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI, the EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI, the EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI, the EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI, the EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI, the applicable documents for specific DMI or 5VI, the EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI, the EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or 5VI, the EDE Entity must provide a link to the applicable and the applicable and the specific DMI or 5VI applicable and the STATE of the						
	Type: Search and country table the interferoppies during completing and not observed by the consumer to the beginning of a page that contains a fall list of all documents that may be used to receive all that and systs.						1
	2) for the second dotion. DE Entities may include all DMI and SVI educational content, including the full list of acceptable documents to resolve DMIs and SVIs, on one websase. The DE Entities would provide the full set of educational content specific to the						
	relevant DMI or SVI from column B of the "DMI Document Types" and "SVI Document Types" tabs on the same page as the document upload functionally; if the EDE Entity opes to create its owns content on the document upload page in the same page as the document upload functionally; if the EDE Entity opes to create its owns content on the document upload page in the same page as the document upload functionally; if the EDE Entity opes to create its owns content on the document upload page in the same page as the document upload functionally; if the EDE Entity opes to create its owns content on the document upload page in the same page as the document upload functionally.						1
	If you may be a second process, one control of the To Monton or the To Monton or the Topic Cardinal Control of the Cardinal Co						1
	responses y reas sensitiving time time, as a consistency of time time, and a consistency of time time, and time time time time time time time time						
	Biolatiner: CMS has listed the DMI and SM documents in the "DMI Document Tuess" and "SM Document Tuess" abis within this toolkit. However, you may also find these documents listed on HealthCare acry at the following sites:						1
	INDIGENTAL CONTINUES AND AND ADDRESS OF THE ADDRESS						1
4	The contract of the contract o	The Auditor must provide screenshots for this messaging for each applicable DMI with					
	information, at a minimum, on the DMI document upload page in the user interface for each specific, applicable DMI (i.e., Citizenship, Immigration, Income, and SSN).						1
	The messaging must at a minimum include the following information, with dynamic content indicated by brackets: "To resolve this data matching issue jalternative: state the consumer-facing name of the DMI), in addition to upleading documents to the	the following: - A screenshot demonstrating the EDE Entity's display of the required messaging, with the EDE Entity's instructions populated for each of the applicable DMIs (Citizenship,					
	Marketplace, (Consumers/Agents and Brokers) can resolve the issue by updating the application with more information. For example, entering Social Security Numbers, entering immigration documents, and checking that household income is correctly reported on the application. To do so, [insert DE Entity's instructions].	Immigration, Income, and SSN).					
	the application. To do so, [insert EDE Entity's instructions]."						
	CMS strongly recommends that EDE Entities update communications, including the DMI Creation email, for consumers related to resolving DMIs with this information for the applicable DMIs (i.e., Citizenship, Immigration, Income, and SSN).						
	Name This messaging does not replace this DMI document splined and status page messaging required by Reputerment 3 and 3 above.  In communications that consume as in the war involved, TES determines the first message and involved the communication of the commun						1
E Eveloie to	TOTAL THE STATE OF	The Auditor days and good to submit any corner bate or acidence of this consistence.					
Consumers They Wil	Ill Entity's strather than HealthCare gov to address their needs. EDE Entities should embed this information into the initial application submission communication (e.g., "Be aware you may get e-mails from HealthCare gov to address their needs.")	The Auditor does not need to submit any screenshots or evidence of this requirement, but must evaluate the EDE Entity's compliance with this requirement.					
5 Explain to Consumers They Will Continue to Receive HealthCare gov Communications	and other communications.						
Communications							1
							1
6 Phase-Specific	If an EDE Entity has implemented Phase 1 or Phase 2, the Auditor must confirm that the UI includes a disclaimer stating that the website does not support all use cases and application scenarios, and identifying which scenarios are not supported. The disclaimer	The Auditor does not need to submit any screenshots or evidence of this requirement, but must evaluate the EDE Entity's compliance with this requirement.					
Requirements	should direct the consumer to alternative pathways, such as the radiitional Ed double-redirect pathway or direct the consumer to the FFE (healthCare gov or the Markeplace Call Center at 1-800-318-2596 (TTY: 1-85-889-4325)). IDE Entities are permitted to disclose this disclose this disclose the six childrent continues to encomment when receiver are unsuccontinued for the EDE Entities are permitted to	but must evaluable the EDE Entity's compliance with this requirement.					
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Service And Communication Comm	Requirement High-Level Description of EDE Entity Communications	Communications Requirement for EXP Entities	Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Auditor Compliance Conclusion**	Nisk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
Service And Communication Comm	Requirements 17	Instructions for EDE Entities: EDE Entities must display the following educational content (requirements 18 through 24) prior to an individual initiating an FFE application through the EDE pathway. These must be visible to the consumer prior to completing the pre-	The Auditor must provide a screenshot depicting the screen with this educational					
The state of the s		eligibility application data collection attestations.	content that clearly shows where this content exists and how a consumer can access it in the EDE end-user experience. For example, if this educational content is accessed					
The state of the s	18	introduction:	by the consumer in the FDF enduser experience					
The state of the s	19	tere at lincent EDE Entity's Named, we work with the Health Incurance Marketolare to help too use health coverage.  What's the Health Incurance Marketolar's						
The control of the co	-	The Marketplace is a health coverage service that helps you shop for and enroll in coverage that fits your needs and budget. The Marketplace can tell you if you qualify for an individual insurance plan with savings or whether you're eligible for free or low-cost						
Section of the control of the contro	30		"Lance were about what Marketelace alone must course" must be perfect to more					
Service of the servic		Markstplace coverage is the only way to get premium tax credits to help I lower your monthly premiums and savings on out-of-pocket costs with I lower deductibles and copayments. All Markstplace plans must cover the same set of escential health benefits, including the companion of the properties of the control of the properties of the	information that describes Marketplace plan requirements. This can either be a direct hyperlink to HealthCare.gov (https://www.healthcare.gov/coverage/what-marketplace-					
Section of the Manufacture of the Control of the Manufacture of the	21	How do I apply for and enroll in coverage?	site					
Company   Comp								
The contract of the contract o	22	wine it in eignet or mote cause or cure."  If you fill out a replication and learn that you're eligible for coverage through Medicaid or CHP, the Marketplace will automatically send your information to the state agency that runs these programs. Wi'll give you an eligibility notice with more information.						
Service Control of the control of th	23	How will 1 get notices?						
The control of the co		Even if you exhold in coverage through [insert IDE Entity's name], you'll still get some information directly from the Manufacture, too look you actions you may name with a mail from the Health Inserance Marketplace and emails from Health Caregor. It's important to read these notices again emails from the Mail through the you will not not the mail from the Health Inserance Marketplace and emails from Health Caregor in the Mail through the Marketplace and emails from Health Caregor in the Mail through the Marketplace and emails from Health Caregor in the Mail through the Mail through the Marketplace and emails from Health Caregor in the Mail through through through the Mail through through the Mail through through through through through the Mail through thro						
The contract of the contract o	24	What if 'm redirected to healthCare.gov? We can help one stoceale with that if a position is not investigated to the stocean and enroll ment directly on our site. If we need to redirect you to HealthCare.gov to complete your application, wi'll walk you through what to do and help you start to finish.						
The state of the control of the cont		Instructions for EDE Entities: EDE Entities must display the following educational content (requirements 26-29) in the Ul after a consumer selects a plan through the EDE pathway. For each Ul communication requirement listed below, an EDE Entity must use the exact	For any requirement that requires an EDE Entity to insert its own instructions for					
For example of the state and t	Communication for	language provided in its U. If an EDE Entity wishes to modify the language provided, it must request approval.	completing an action or for any UI elements used to complement those instructions (e.g. error messages), the FDF Entity must provide specific consumer friendly					
Section and distinct the destination of the control		If a primary EDE Entity is integrating its EDE platform with an upstream EDE Entity's QHP shopping platform, the post-enrollment confirmation communication in the UI must still be implemented consistent with the following requirements (requirements 26-29). This	directions. For example, if the EDE Entity is directing the consumer to a location in an					
The control of the state of the		we belie must be disclosed in an EDE Entity-initiated Change Request and a copy of the primary EDE Entity's ISA Appendix B. Mease refer to the EDE Guidelines for Year 6 for more information. If an upstream EDE Entity wishes to implement the language in these	hyperlink or clear navigation instructions to the specific webpage or location in an	1	1			
Learning of the financial control and the control control control and the control cont		requirements—and more generally, any language or functionality described in this toolkit or in the EDE Guidelines—the EDE Entity must detail and provide evidence of the proposed implementation to CMS via an EDE Entity-initiated Change Request.		1	1			1
The contraction of the contracti		States of as least one member of the household stated to receiving an Individual Converges MEA (CDIRA) or Qualified Small Employee HEA (CDIRA) on their eighbility application, after the consumer has completed enrellment, the Entity must display reminder learness for the Small Control of the American Control of the Am		1	1			1
Section of the control of the contro		refer to the DE API Specifications for more information and required language to display.						
A Comment of the comm	26		After the consumer has confirmed their plan selection, if the FFE has generated an SVI, but no DMIs, for the consumer, EDE Entities must display this text.	1	1			
Manual Continues and the students of the continues of the students of the continues of the				1	1			1
A Market Company of the American And America								
A visible of control and contr		1. You must submit documents to the Marketplace for [insert person(s) and SVI types] by [insert deadlines]. To do this, [insert EDE Entity's instructions].	The deadline for each SVI must be a full date (i.e., month, day, and year).					
Land Community of the control of the		2. Watch for a notice with the results of the Marketplace's review of your documents. You may access your Marketplace notices by finsert EDE Entity's instructions.						
See A process and control and		Note: Temperature that you can't stage unit counting until the Administratory spour documents and confirms your information, and you pay your premium.						
A multiple companies and compa		Expect communications from us and from the Marketplace. When you hear from HealthCare.gov:						
And the property and the polyment of the control of								
With Circulated Annual		- Upload documents through [insert EDE Entity's name]. We can help you submit documents if the Marketplace needs to confirm your information.						
Company   Comp								
Part   Part   Confidence   Part   Confidence   Part   Confidence   Part   Confidence   Part								
See that the two restricted acts and state and	1 1	If you have a life chanes, like you move, have a chanee in income, or set married, please let us know right away. To do this, linsert EDE Entity's instructions!.						
The contraction of the search	27	If you have a life chanse, like you move, have a chanse in income, or set married, please let us know right away. To do this, linsert EDE Entity's instructions!.	After the consumer has confirmed their plan selection, if the FFE has generated an SVI and a DMI for the consumer FDE Febries must disclay this text.		J			
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https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/
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		Document Upload	d Menu Language
DMI Type	Full Lists of Acceptable Documents	Note: HealthCare.gov, collapses the selectable document types fo (columns C and D). Examples of document types are provided on ti to Requirements 2 and 3 on the Requ	
	· U.S. passport	English Document Type Menu List:	Spanish Document Type Menu List:
	· Certificate of Naturalization (N-550/N-570)	· U.S. passport	Pasaporte de los EE.UU.
	· Certificate of Citizenship (N-560/N-561)	Certificate of Naturalization (N-550/N-570)	<ul> <li>Certificado de Naturalización (N-550/N-570)</li> </ul>
	· State-issued enhanced driver's license (available in Michigan, New York, Vermont, and Washington)	Certificate of Citizenship (N-560/N-561)	· Certificado de Ciudadanía (N-560/N-561)
	<ul> <li>Document from 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:</li> </ul>	State-issued enhanced Driver's License	· Licencia de manejar emitida por el estado
	o A tribal enrollment card	Document from a federally recognized Indian tribe	Documento de tribu reconocida federalmente
	o A Certificate of Degree of Indian Blood	· Other	· Otro
	o A tribal census document	Other	0.00
	o Documents on tribal letterhead signed by a tribal official		
	o became to this factorized signed by a made officer.		
	If you don't have any of the documents above, you can submit 2 documents — one from each list below.		
	You can submit one of these 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)		
Citizenship	U.S. Citizen Identification Card (I-197 or the prior version I-179)		
	Northern Mariana Card (I-873)		
	<ul> <li>Final adoption decree showing the person's name and U.S. place of birth</li> </ul>		
	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.		
	<ul> <li>School record showing the child's name and U.S. place of birth</li> </ul>		
	<ul> <li>Federal or state census record showing U.S. citizenship or U.S. place of birth</li> </ul>		
	<ul> <li>Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)</li> </ul>		
	AND one of these documents (that has a photograph or other information, like your name, age, race, height, weight, eye color, or address):		
	Driver's license issued by a state or territory or ID card issued by the federal, state, or local government		
	School identification card		
	U.S. military card or draft record or military dependent's identification card		
	U.S. Coast Guard Merchant Mariner card		
	Voter Registration Card		
	<ul> <li>A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old)</li> </ul>		
	2 documents containing consistent information that proves your identity, like employer IDs, high school and college		
	diplomas, marriage certificates, divorce decrees, property deeds, or titles		
	Permanent Resident Card, "Green Card" (I-551)	English Document Type Menu List:	Spanish Document Type Menu List:
	· Reentry Permit (I-327)	Permanent Resident/Green Card (I-551)	Tarjeta de Residente Permanente, "Tarjeta Verde" (I-551)
	Refugee Travel Document (I-571)	Reentry Permit (I-327)	Permiso de Readmisión (I-327)
	Employment Authorization Card (I-766)	Refugee Travel Document (I-571)	Documento de Viaje de Refugiado (I-571)
	Machine Readable Immigrant Visa (with temporary I-551 language)	Employment Authorization Card (I-766)	· Tarjeta de Autorización de Empleo (I-766)
		Machine Readable Immigrant Visa (with temporary I-551)	Visa de Inmigrante Legible por Máquina (con temporal I-
	Temporary I-551 Stamp (on Passport or I-94/I-94A)     Foreign passport	language) Temporary I-551 Stamp (on Passport or I-94/I-94A)	551 lenguaje)  Sello de I-551 temporal (on Passport or I-94/I-94A)
1	Arrival/Departure Record (I-94/I-94A)	Arrival/Departure Record (I-94/I-94A)	Registro de Llegada/Salida (I-94/I-94A)
Immigration status	Arrival/Departure Record in foreign passport (I-94)		
	Certificate of Eligibility for Nonimmigrant Student Status (I-20)	Arrival/Departure Record in foreign passport (I-94)     Other	Registro de Llegada/Salida en pasaporte extranjero (I-94)     Otro
	Certificate of Eligibility for Exchange Visitor Status (DS-2019)	· Other	). One
	Notice of Action (I-797)		
	Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada		
1	Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)		
1	Document indicating withholding of removal (or withholding of deportation)		
I	Office of Refugee Resettlement (ORR) eligibility letter (if under 18)	l .	ļ

		Document Upload	l Menu Language
DMI Type	Full Lists of Acceptable Documents	Note: HealthCare.gov, collapses the selectable document types for	r file unload menus, so not all documents are shown in the menus
Бімі туре	rui Lists di Acceptable documents	(columns C and D). Examples of document types are provided on the Requirements 2 and 3 on the Requirements 2	ne UI on screen with a link to a full list of documents. Please refer
	· Resident of American Samoa Card		·
	The documents you submit to the Marketplace to confirm your income must show a yearly income amount that closely matches the yearly	English Document Type Menu List:	Spanish Document Type Menu List:
	income amount you entered on your application. For example, if you have a different job than you had last year, send the Marketplace recent		
	pay stubs from your new job, instead of last year's tax return or W2.		
		· 1040 tax return	Declaración de impuestos 1040
		· W2 and/or 1099s	· W-2 y/o 1099s
	• 1040 federal or state tax return. Must contain your first and last name, income amount, and tax year. If you file Schedule 1, you must submit it with your 1040.	Pay stub documentation	· Talón de pago
	· Wages and tax statement (W-2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SA, 1099DIV, 1099SS, 1099INT). Must contain your first and last name, income amount, tax year, and employer name (if applicable).	· Self-employment documentation	Documentación de empleo por cuenta propia
	<ul> <li>Pay stub. Must contain your first and last name, income amount, pay period or frequency of pay with the date of payment. If a pay stub includes overtime, tell us the average overtime amount per paycheck.</li> </ul>	- Social Security statements	- Documento o carta de la Administración del Seguro Social
	<ul> <li>Self-employment ledger documentation (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger). Must contain your first and last name, company name, and income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger, and the net income from profit/loss.</li> </ul>	· Unemployment benefits letter	· Carta de beneficios de desempleo
	· Social Security Administration Statements (Social Security Benefits Letter). Must contain first and last name, benefit amount, and frequency of pay.	· Other	· Otro
	· Unemployment Benefits Letter. Must contain your first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).		
	<ul> <li>Or, complete a written explanation form. To submit this form, select "Other" from the drop down menu when you're on the upload screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf]</li> </ul>		
	Has your household income changed since you submitted your application? If so, it's important to report this change to the Marketplace right away. <u>Learn how to report a life change.</u> [Insert: EDE Entity's hyperlink or instructions to the individual on how to report a life change through the EDE environment.]		
	Documents to confirm self-employment income:  1040 SE with Schedule C, F, or SE (for self-employment income)  1065 Schedule K1 with Schedule E  Tax return		
	Bookkeeping records		
Household income	Receipts for all allowable expenses		
	· Signed time sheets and receipt of payroll, if you have employees		
	Most recent quarterly or year-to-date profit and loss statement		
	· Or, complete a written explanation form. To submit this form, select "Other" from the drop down menu when you're on the upload		
	screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf]		
	Documents to confirm unearned income:  Annuity statement		
	Statement of pension distribution from any government or private source		
	Worker's compensation letter		
	Prizes, settlements, and awards, including court-ordered awards letter		
	· Proof of gifts and contributions		
	· Proof of inheritances in cash or property		
	Proof of strike pay and other benefits from unions		
	· Sales receipts or other proof of money received from the sale, exchange, or replacement of things you own		
	· Interests and dividends income statement		
	· Loan statement showing loan proceeds		
	Royalty income statement or 1099-MISC		
	· Proof of bonus/incentive payments		
	Proof of severance pay		
	Pay stub indicating sick pay     Letter, deposit, or other proof of deferred compensation payments		
	Letter, deposit, or other proof of deferred compensation payments     Pay stub indicating substitute/assistant pay		
1	Pay stub indicating substitute/assistant pay     Pay stub indicating vacation pay		
	Proof of residuals		
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		Document Uploa	d Menu Language
DMI Туре	Full Lists of Acceptable Documents	(columns C and D). Examples of document types are provided on	or file upload menus, so not all documents are shown in the menus the UI on screen with a link to a full list of documents. Please refer uirements Tab for more information.
	Letter, deposit, or other proof of travel/business reimbursement pay     Or, complete a written explanation form. To submit this form, select "Other" from the drop down menu when you're on the upload screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf]  Get more details for other income situations. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/consumer_guide_for_household_income_booklet.pdf]		
	Official release papers from the institution or Department of Corrections	English Document Type Menu List:	Spanish Document Type Menu List:
	· Parole papers	Official release papers	Documentos de liberación
	Unexpired state ID, driver's license, work ID, or passport	· Parole papers	Documentos de Libertad Condicional
	· Pay stubs	Document showing employment/proof of residence	Documento que muestra el empleo/prueba de residencia
	· Federal, state, or local benefit letter	· Signed/notarized affidavit	Declaración notariada/firmada
	Clinic, doctor, or hospital records for services provided	· Other	· Otro
Incarceration status	Medical claim explanation of benefits provided School record/schedule showing enrollment (like for college students) Bank or credit card statement showing transaction history (showing only your name, but not a joint account) Military records Cell phone bill (showing only your name) Lease (must be an active lease where you're currently residing) Signed notarized statement from the individual with alleged false incarceration inconsistency showing that you're living in the community and includes your name, date of birth, and address Written statement from someone within the community which shows your name, date of birth, address, phone number, your relationship with the person with alleged false incarceration inconsistency (if it's not you), and that you're present and participating within the community Rent receipts (showing only your name) What if I don't have any of those documents?  You can submit a letter providing the reason you can't provide the requested documents. The Marketplace will take your letter into consideration. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.  Tribal Enrollment/Membership card from a federally recognizing you as American Indian/Alaska Native	English Document Type Menu List: Tribal Enrollment / Membership Card	Spanish Document Type Menu List:  Tarjeta de Membresía o Inscripción Tribal
	Authentic document from a federally recognized tribe declaring your membership	· Document issued by BIA	<ul> <li>Documentación de accionista o membresía emitida por la Oficina de Asuntos de Nativos Americanos (BIA).</li> </ul>
	· Certificate of Degree of Indian Blood	Authentic document from a tribe declaring membership	<ul> <li>Un documento auténtico emitido por una tribu reconociendo su membresía.</li> </ul>
American Indian or	· Certificate of Indian status card	· Certificate of Degree of Indian Blood	· Certificado del grado de sangre indígena
Alaska Native status	<ul> <li>I-872 American Indian Card (Texas and Oklahoma Kickapoo American and Mexican members)</li> </ul>	Certificate of Indian status card	· Un documento que pruebe el estatus de Indio
	<ul> <li>Document issued by Indian Health Service (IHS) showing that you were/are eligible for IHS services as an American Indian/Alaska Native</li> </ul>	I-872 American Indian Card	· Tarjeta de Indio Americano I-872
	· U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation	U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation	Documentación de accionista o membresía tribal de Indio Americano o Nativo de Alaska
	<ul> <li>Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaska Native shareholder status</li> </ul>	· Letter from the Marketplace granting a tribal exemption	· Carta del Mercado concediendo una exención tribal
		· Other	· Otro
	Submit one of the documents below if you need to confirm that your job-based coverage isn't qualifying health coverage:	English Document Type Menu List:	Spanish Document Type Menu List:
	, , , , , , , , , , , , , , , , , , , ,	· Letter from employer	· Carta del asegurador médico
		Statement of health benefits	· Comprobante de beneficios médicos
	Completed Employer Coverage Tool and a cover letter signed by the employer [hyperlink for underlined content for Entity	· Other	· Otro
	reference: https://www.healthcare.gov/downloads/employer-coverage-tool.pdf · Letter or other documentation from an employer or other documentation with this information:		L
No Minimum Essential	Letter or other documentation from an employer or other documentation with this information:     O Statement that the employer doesn't currently offer you (or your family member) coverage		
Job-Based Coverage	<ul> <li>Statement that the employer doesn't provide coverage that isn't qualifying health coverage</li> </ul>		
	o statement snowing the cost or your snare or the premium for the lowest-cost seir-only plan that meets the		
	minimum value standard (factoring in wellness incentives), if offered (pop-up definition for underlined content for		
	Entity reference: "A standard of minimum coverage that applies to job-based health plans. If your employer's		
	plan meets this standard and is considered "affordable," you won't qualify for a premium tax credit if you buy a		
	· Health insurance letter that contains confirmation of health coverage and expiration dates for coverage received outside of		
	the Marketplace	5 11 5 45 45	le con con con con
I	Submit one of the documents below if you need to confirm that you don't have coverage through Medicaid or CHIP:	English Document Type Menu List:	Spanish Document Type Menu List:

		Document Up	load Menu Language
<b>DMI Туре</b>	Full Lists of Acceptable Documents	(columns C and D). Examples of document types are provided of	s for file upload menus, so not all documents are shown in the men on the UI on screen with a link to a full list of documents. Please ref equirements Tab for more information.
		Letter from Medicaid	· Carta de Medicaid
	Note: Some Medicaid and CHIP programs are known by names specific to that state. Find the name of Medicaid & CHIP programs in your state.	· Letter from CHIP	· Carta de CHIP
	[hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/medicaid-and-chip-names/]		
		· Other	· Otro
	Letter or statement from a Medicaid or CHIP agency that shows that you or your family members aren't enrolled in or eligible		
	for Medicaid or CHIP  Letter or statement from a Medicaid agency showing that you or a family member are enrolled in a Medicaid program that's		
	not considered qualifying health coverage		
	You can find more detailed information about Medicaid programs that don't provide qualifying coverage. [hyperlink for		
	underlined content for Entity reference: https://www.healthcare.gov/medicaid-limited-benefits/] If you send document(s)		
No coverage through: Medicaid or the	verifying enrollment in one of these programs, you may be able to continue your financial help for your Marketplace coverage:		
Medicaid or the Children's Health	o Medicaid coverage only for pregnancy-related services		
Insurance Program	o Medicaid coverage only for family planning services		
(CHIP)	o Medicaid coverage only for tuberculosis coverage		
	o Medicaid coverage only for emergency treatment		
	<ul> <li>Medicaid Demonstration Projects that cover a limited range of benefits</li> </ul>		
	o Medicaid coverage for "medically needy" individuals whose income is too high for traditional Medicaid and		
	cover a limited range of benefits. These programs are sometimes known as "Share of Cost" or "Spend Down"		
	programs.		
	A letter describing your recent health coverage including:  The coverage of the Madistrict (Club or coverage) and the coverage of the Madistrict (Club or coverage).		
	o The name of the Medicaid/CHIP program you were enrolled in and when your coverage ended, or		
	o That you were never enrolled in Medicaid/CHIP coverage, or		
	<ul> <li>The name of the Medicaid/CHIP program with limited benefits that you're enrolled in that would still allow you to enroll in the Marketplace with help paying for coverage</li> </ul>		
	Submit one of the documents below if you need to confirm that you don't have coverage through TRICARE:	English Document Type Menu List:	Spanish Document Type Menu List:
		Letter from TRICARE	Carta de TRICARE
		· Other	· Otro
	· Letter or statement from TRICARE that shows the expiration or un-enrollment date of previous health coverage		
	<ul> <li>Letter or statement from TRICARE that confirms ineligibility for health coverage</li> </ul>		
	<ul> <li>Letter, statement, or other document indicating a life change event (like divorce) that would make you or a family member ineligible for TRICARE coverage</li> </ul>		
	<ul> <li>Letter or statement from TRICARE or other government agency showing that you or a family member are enrolled in a TRICARE program that's not considered qualifying health coverage. If you send document(s) verifying enrollment in one of these programs, you may be able to continue your Marketplace coverage with help paying for coverage:</li> </ul>		
	o TRICARE Plus		
No Coverage Through:	o Direct care		
TRICARE	o Line-of-duty care		
	o Transitional care for service-related conditions		
	<ul> <li>TRICARE coverage limited to space-available care in a facility of the uniformed services for individuals excluded from TRICARE coverage for care from private sector providers.</li> </ul>		
	What if I don't have any of those documents?		
	You can submit a letter describing when your enrollment in TRICARE coverage ended or that you were never enrolled in TRICARE. The Marketplace will take your letter into consideration. You can use this template.		
	You can submit a letter describing when your enrollment in TRICARE coverage ended or that you were never		
	You can submit a letter describing when your enrollment in TRICARE coverage ended or that you were never enrolled in TRICARE. The Marketplace will take your letter into consideration. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're	English Document Type Menu List:	Spanish Document Type Menu List:
	You can submit a letter describing when your enrollment in TRICARE coverage ended or that you were never enrolled in TRICARE. The Marketplace will take your letter into consideration. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-opplication-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.	English Document Type Menu List: Letter from VA	Spanish Document Type Menu List:  Carta del VA
	You can submit a letter describing when your enrollment in TRICARE coverage ended or that you were never enrolled in TRICARE. The Marketplace will take your letter into consideration. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-opplication-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.		

		Document Upload	Menu Language
<b>DMI Туре</b>	Full Lists of Acceptable Documents	Note: HealthCare.gov, collapses the selectable document types for (columns C and D). Examples of document types are provided on the to Requirements 2 and 3 on the Requi	e UI on screen with a link to a full list of documents. Please refer
Program	If you don't have this document, you can submit a letter describing that you're not enrolled in health coverage through the VA.  The Marketplace will take your letter into consideration. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.		
	Submit this document if you need to confirm that you don't have coverage through Medicare:	English Document Type Menu List:	Spanish Document Type Menu List:
		· Letter from Medicare	· Carta de Medicare
		· Other	· Otro
	· Letter or statement from Medicare or the Social Security Administration stating that you or your family members are:		
	Not eligible for or enrolled in premium-free Medicare Part A.		
No Coverage Through: Medicare	<ul> <li>Eligible for (but not enrolled in) Part A coverage that requires premium payments. Important: A Social Security document that shows you don't pay a premium for "Medical Insurance" refers to Part B. It's not acceptable for verifying eligibility for Part A.</li> </ul>		
	<ul> <li>No longer eligible for Social Security Disability Insurance (SSDI) benefits, and your coverage has ended or will end in the next 90 days.</li> </ul>		
	If you don't have this document, you can submit a letter describing why you're not eligible for premium-free Medicare Part A. The Marketplace will take your letter into consideration. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.		
	Submit this document if you need to confirm that you don't have coverage through the Peace Corps:	English Document Type Menu List:	Spanish Document Type Menu List:
		· Letter from Peace Corps	· Carta del Cuerpo de Paz
No Coverage Through: Peace Corps	<ul> <li>Letter from the Peace Corps with the expiration date for any previous health coverage or a letter showing that you never had this type of coverage</li> </ul>	- Other	· Otro
reace corps	If you don't have this document, you can submit a letter describing that you're no longer eligible for or enrolled in health		
	coverage through the Peace Corps, or that you were never eligible for or enrolled in health coverage through the Peace Corps.  The Marketplace will take your letter into consideration. You can use this template. (hyperlink for underlined content for Entity		
	reference: https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf] To submit this letter, select		
	"Other" from the drop-down menu when you're on the upload screen in the application.		
	Documents must include your first name, last name, and SSN:	English Document Type Menu List:  Social Security card	Spanish Document Type Menu List:  Tarjeta de seguro Social
		· Tax form(s)	· Formularios de impuesto(s)
	· Social Security card	Benefit or income statement	Declaración de beneficios o ingresos
	<ul> <li>1040 Tax Return (federal or state versions acceptable)</li> <li>W2 and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)</li> </ul>	· Other	· Otro
	W2 Billy of 1955 (includes 1955 Wilse, 1955), 1955 (1955), 1955 (1955), 1955 (1955), 1955 (1955)  W4 Withholding Allowance Certificate (federal or state versions acceptable)		
	1095 (includes 1095A, 1095B, 1095C)		
Social Security Number	<ul> <li>Pay stub documentation</li> <li>Social Security Administration documentation (includes 4029)</li> </ul>		
	• Military record		
	U.S. Military ID card		
	<ul> <li>Military dependent's ID card</li> <li>Unemployment Benefits (Unemployment Benefits Letter)</li> </ul>		
	Court Order Granting a Name Change, that must have your original first and last name, new first and last name, and SSN		
	· Divorce decree		

	For reference, CMS is providing the HealthCare.gov hyperlinks in English and Spanish of the full lists for the	https://www.healthcare.gov/help/prove-coverage-loss/	https://www.cuidadodesalud.gov/es/help/prove-coverage-loss/
	documents in cells C1 and D1.	ittps://www.neaithcare.gov/neip/prove-coverage-ioss/	ittps://www.cuidadodesaidd.gov/es/fieip/prove-coverage-ioss/
	documents in tens et and bi.	Dogwood Up	Josef Many Language
		Document Up	load Menu Language
SVI Type	Full Lists of Acceptable Documents	(columns C and D). Examples of document types are provided	s for file upload menus, so not all documents are shown in the menus on the UI on screen with a link to a full list of documents. Please refer tequirements Tab for more information.
	If you get a notice from the Marketplace saying you need to submit documents to confirm your loss of	English Document Type Menu List:	Spanish Document Type Menu List:
	coverage, you can upload or mail documents.	English Document Type Wenu List:	Spanish Document Type Menu List:
	If your notice says that you also need to submit documents to confirm a recent move, in addition to confirming that you had health coverage for at least 1 day in the past 60 days, be sure to send both types of documents. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/provemove/]		
	IMPORTANT: Upload or mail documents as soon as possible. If you don't submit documents by the deadline, you won't have Marketplace coverage.		
	- <u>Find out how to upload</u> : [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/how-to-upload-documents/] - <u>Get the mailing address</u> : [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/prove-coverage-loss/]		
	What documents can I submit?		
	Documents must show that you lost qualifying health coverage in the past 60 days or will lose coverage in the next 60 days. These documents must include your name and the date of coverage loss. Documents you can submit:		
		Letter from an insurance company	Carta de una compañía de seguros
	A letter from an insurance company, on official letterhead or stationery, including:	Letter from an employer	Carta de un empleador
	A letter or premium bill from your former insurance company that shows you or your dependent's cancellation/termination from health coverage.	Letter about COBRA coverage	Carta sobre la cobertura COBRA
	A decertification letter from your insurance company stating when coverage will no longer be offered.  A letter from an employer, on official letterhead or stationery, that confirms one of these about you or your spouse or dependent family member:	Health care program document Pay stubs	Documento del programa de cuidado de salud Talones de pago si ha perdido la cobertura médica basada en el empleo
	That your employer dropped or will drop your coverage or benefits.	Letter for loss of student coverage	Carta que indique que ha perdido la cobertura médica estudiantil
	That your employer stopped or will stop contributing to your cost of coverage.	Document for coverage loss due to divorce/separation	Documento de pérdida su cobertura debido a divorcio, separación legal
	considered qualifying health coverage.	Document for coverage loss due to death	Documento de pérdida de cobertura por muerte
	A letter about COBRA coverage, like a letter from an employer or health insurance company that confirms these:	·	Carta de explicación
	Your employer's offer of COBRA coverage along with the date this coverage would start.  Your COBRA coverage ended or will end, or your employer stopped or will stop contributing to the cost of coverage and when.	Other	Otro
	A health care program document, on official letterhead or stationery, including:  A letter from a government health program, like TRICARE, Veterans Affairs (VA), Peace Corps, or Medicare, showing when coverage ended or will end.		
	A letter from your state Medicaid or CHIP agency showing that your eligibility for Medicaid or CHIP was denied and when it was denied or that your Medicaid or CHIP coverage ended or will end.		
Losing qualifying health coverage	A dated copy of your military discharge document (DD214).  A letter if you lost student health coverage, which shows when the coverage ended or will end. This should be on official letterhead or stationery.  You can also submit any of the documents in the list below. However, these documents may include only come of the information we need to confirm a coverage of the come of these confirms.		
(https://www.healthcare.go/help/prove-coverage-loss/	some of the information we need to confirm, so you'll <b>most likely need to submit more than one of these</b> documents:		
	Pay stubs, if you lost employer-sponsored coverage. You can submit:  2 pay stubs from the past 1-3 months, one that shows a deduction for health coverage and another which shows that the deduction ended in the past 60 days.		

		Document Upload Menu Language
SVI Type	Full Lists of Acceptable Documents	Note: HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the men (columns C and D). Examples of document types are provided on the UI on screen with a link to a full list of documents. Please rel to Requirements 2 and 3 on the Requirements Tab for more information.
	If a reduction in work hours caused you to lose coverage, you can submit one previous pay stub that shows that you worked 30 or more hours and a deduction for health coverage, and a pay stub from the past 60 days that shows that you worked less than 30 hours and no deduction for health coverage.	
	Document showing you lost coverage because of divorce, legal separation, custody agreements, or annulment within 60 days of submitting your application, including:	
	Divorce or annulment papers that show the date responsibility ends for providing health coverage or proof that you stopped getting health coverage because of your relationship to your former spouse.	
	Legal separation papers that show the date responsibility ends for providing health coverage.	
	Other confirmation that you lost or will lose coverage because of divorce, legal separation, or annulment that shows the date that health coverage ends.  Document showing you lost coverage due to death of a family member, including:  A death certificate or public notice of death and proof that you were getting health coverage because of your relationship to the deceased person, like a letter from an insurance company or employer that shows the names of the people on the health plan.  Other confirmation that shows you lost or will lose coverage because of the death of a spouse or other family member.	
	You can upload more than one document if you have multiple documents to confirm coverage loss. Select the "UPLOAD DOCUMENTS" button on the upload screen in your application to submit each document.	
	What if I'm in a plan that ended before the end of the calendar year?	
	If you're losing or lost coverage from a non-calendar year plan, you can submit a dated and signed copy of written verification from an insurance agent, or a dated letter from your insurance company stating when the coverage year ends. To submit this, select "Other" from the drop-down menu.	
	What if I don't have any of these documents? You can submit a letter explaining the coverage you had, why and when you lost it or will lose it, and the reason you can't provide documents. <u>Use this form</u> and fill out the "Loss of Coverage" section. When you complete the form, select "Letter of explanation" from the drop-down menu when you're on the upload documents screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation.pdf] How do I upload or mail the documents? <u>Find out how to upload documents</u> [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/how-to-upload-documents/]  Mailing address: Health Insurance Marketplace	
	Attn: Coverage Processing 465 Industrial Blvd London, KY 40750-0001	

Requirement	High-Level Description of EDE Entity	Communications Requirement for EDE Entities	Document Submission Requirements and Additional Notes to EDE	Auditor Compliance Conclusion**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
	Communications Requirements		Entities and Auditors					
17			The Auditor must provide a screenshot depicting the screen with this					
		pathway. These must be visible to the consumer prior to completing the pre-eligibility application data collection attestations.	educational content that clearly shows where this content exists and how					
			a consumer can access it in the EDE end-user experience. For example, if					
		EDE Entities may provide these FAQs via a hyperlink. If an EDE Entity chooses to do so, the hyperlink should be prominent, clear, and consumer friendly, such as stating: "Additional	this educational content is accessed via a hyperlink, provide a screenshot					
		Information about the Marketplace and [EDE Entity]."	of the page where the hyperlink can be accessed by the consumer in the					
	1		EDE end-user experience.					
	Set Clear Expectations & Awareness							
	Marketplace Program	Aquí, en [inserte el nombre de la entidad EDE], trabajamos con el Mercado de Seguros Médicos para ayudarle a obtener cobertura de salud.						
		¿Qué es el Mercado de Seguros Médicos?						
		El Mercado es un servicio de cobertura de salud que le ayuda a buscar e inscribirse en una cobertura que se adapte a sus necesidades y presupuesto. El Mercado puede decirle si usted						
		califica para un plan de salud individual con ahorros o si usted es elegible para una cobertura gratuita o de bajo costo a través de Medicaid o el Programa de Seguro Médico para Niños						
	1	(CHIP, por sus siglas en inglés). El sitio web oficial del Mercado es CuidadoDeSalud.gov.						
		¿Existen beneficios al obtener un seguro médico a través del Mercado?	"Obtenga más información sobre lo que deben cubrir los planes del					
		La cobertura del Mercado es la única manera de obtener créditos fiscales para las primas para ayudarle a reducir sus primas mensuales y ahorrar en gastos de bolsillo con deducibles y	Mercado." must hyperlink to more information that describes					
		copagos más bajos. Todos los planes del Mercado deben cubrir el mismo conjunto de beneficios esenciales, incluida la atención preventiva, las visitas al médico, las recetas y los servicios	Marketplace plan requirements. This can either be a direct hyperlink to					
		hospitalarios y de emergencia. Ningún plan del Mercado puede rechazarle, cobrarie más o negarse a pagar los beneficios esenciales por cualquier condición que usted tuviera antes de	HealthCare.gov (https://www.cuidadodesalud.gov/es/coverage/what-	1				
		que comenzara su cobertura. Obtenga más información sobre lo que deben cubrir los planes del Mercado.	marketplace-plans-cover/) or the EDE Entity can provide this same type o	•				
			information on their own site.					
	T	¿Cómo solicito y me inscribo en una cobertura?						
		Usted puede solicitar e inscribirse con nosotros. Nosotros enviaremos su información al Mercado a través de Cuidado DeSalud.gov y le informaremos sobre los programas y ahorros para						
	4	los que usted es elegible. Si alguna de su información cambia, usted también puede actualizar su solicitud a través de nosotros.						
		¿Qué pasa si soy elegible para Medicaid o CHIP?						
		Si usted presenta una solicitud y se determina que es elegible para cobertura a través de Medicaid o CHIP, el Mercado enviará automáticamente su información a la agencia estatal que						
	4	administra estos programas. Nosotros le daremos un aviso de elegibilidad con más información.						
	1	¿Cómo recibiré avisos?						1
		Incluso si usted se inscribe en una cobertura a través de [inserte el nombre de la entidad EDE], usted aún recibirá información directamente del Mercado. Espere recibir avisos del						
	1	Mercado de Seguros Médicos por correo postal y correos electrónicos de CuidadoDeSalud.gov. Es importante leer estos avisos y correos electrónicos porque contienen información						1
	1	importante que solo obtendrá del Mercado de Seguros Médicos. Nosotros podemos ayudarle con cualquier acción de seguimiento que deba tomar, incluidas las peticiones de						1
	4	CuidadoDeSalud.gov.						
		¿Qué pasa si me redirigen a CuidadoDeSalud.gov?						
	1	Nosotros podemos ayudarle a la mayoría de las personas con las solicitudes e inscripciones directamente en nuestro sitio. Si necesitamos redirigirlo a Cuidado DeSalud.gov para						1
	1	completar su solicitud. le guiaremos con todo lo que debe hacer y le avudaremos de principio a fin.			1	1	1	1

Requirement	High-Level Description of EDE Entity	Communications Requirement for IDE Entities	Document Submission Requirements and Additional Notes to EDE Entities   Auditor Compliance Conclusion**   Risk Level**	Risk Mitigation Strategy** Estimated Resolution Date** Auditor Comments**
_	Communications Requirements	Intractions for DDE Entities: DDE Entite: DDE Entities: DD	and Auditors	
4		Instructions for DDE Entities: DDE Entities must display the following educational content (requirements 26-29) in the UI after a consumer selects a plan through the EDE pathway, For each UI communication requirement lated below, an EDE Entity must use the exact language provided in its UI. If an EDE Entity which has been deply the language provided, if must request approval.	For any requirement that requires an EDE Entity to insert its own instructions for completing an action or for any UI elements used to	
		witnes to mounty the tanguage provised, it must request approvat.	instructions for completing an action or for any or elements used to complement those instructions (e.g., error messages), the DDS	
		If a crimary EDE Eatity is integrating its EDE districts with an unatream EDE Entity's OHP shoosing pistform, the post-enrollment confirmation communication in the UI must still be implemented consistent with the following requirements 25-291. This information may be displayed on the	Entity must crowled a specific, consumer, fire and winest from For	
		is a primary LUL corny a rengistrang in LUC parotim with an approvan LUC curry's quiv inopping paritom, me post-enrolment communication in the unit will be in paritoment of the primary LUC to the primary	Entity must prouse specinc, consumer-mensity directions, For example, if the EDE Entity is directing the consumer to a location in	
		special to C. Entry & months of the principle Collection of the Collec	an account dashboard to upload documents, the EDE Entity must	
		the principles as the provide evidence to the proposed implementation to OMS via an IDE finite following Request.	provide either a direct hyperlink or clear navigation instructions to	
			the specific webpage or location in an account dashboard where	
		Note: If at least one member of the household attented to receiving an individual Coverage MRA (ICMRA) or Qualified Small Employer HRA (QSEMRA) on their eligibility application, after the consumer has completed enrollment, the Entity must display reminder language (on the eligibility results page and/or as		
		part of the enrollment confirmation communication language described in these requirements) that the consumer will need to notify their employer that the consumer has enrolled in Marketplace coverage. Please refer to the DE API Specifications, Appendix F for more information and required language to	not simply direct the consumer to log in to their account.	
		All realizations		
26 (SVI only)			After the consumer has confirmed their plan selection, if the FFE	
	for Consumers	pronto que se activará su cobertura. Vea a continuación para más información sobre los próximos pasos.	has generated an SVI, but no DMIs, for the consumer, EDE Entities	
			must display this text.	
		(Quá dich bacr alrow?) Li third dide e mird documentos al Mercado para (jinsertar pen ona(s) y tipo(s) de SVI) para el jinsertar fechas limito). Para hacer esto, (inserte las instrucciones de la entidad EDC).	When the EDE Entity growldes a list of SVIs, the EDE Entity may	
		1. United drotte entail construction as invertication para junisers in personal july people) or a very para et a juniversar recensis interest, and instructiones or a entropia course, 2. Extri attento a un aviso con los ensurances. In envisión de sus documentos or or care del Microscolo. United ouver des or considerances. In envisión de sus documentos or or care del Microscolo. United ouver des or considerances de la entidad CDCI.	when the EDE CHOTY provided here: for example, the EDE Entity deviate from the format provided here: for example, the EDE Entity	
		A lease sented a un avail or on los resourcation de las invasion de las invasion de las invasions de la invasion de las invasions de la entidad cours.  2. Expa se suprim después de que se confirme su legipibilidad. Unite directivis de vision de la momento de la facilitad de la	deviate from the roomat provided nere; for example, the EUC Entity mayure a bulleted list or a table.	
		A region as plants as expense to que a serior and a serio	may use a content install a cause.	
		Documents and the second secon	The deadline for each SVI must be a full date (i.e., month, day, and	
		Expere mensajes de nuestra parte y del Mercado. Cuando usted escuche de CuidadoDeSalod.gov:	wari.	
		- Lea sus avisos y correos electrónicos.		
		- Cuidado De Salud, gov puede enviante avisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los avisos del Mercado, actualizar su solicitud o cobertura y administrar su información.	The Auditor must provide screenshots of this page for a test	
		- Suba documentos a través de (inserte el nombre de la entidad EDE). Podemos ayudarle a enviar documentos si el Mercado necesita confirmar su información.	consumer for whom the FFE has generated at least one SVI.	
1		- Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.		
1	1			
1	1	¿Qui pasa si necesito actualizar mi información más tarde?		
		Si usted tiene un cambio de vida, como si se muda, cambian sus ingresos o se casa, por favor délenos saber de inmediato. Para hacer esto, finserte las instrucciones de la entidad EDEL		
27 (SVI and DMI)	)	Usted ha elegido un plan. Usted puede empezar a usar su cobertura de salud después de que envie los documentos y el Mercado confirme que usted es elegible para inscribirse a través de un Período de Especial de Inscripción. Cuanto antes usted envie los documentos, lo más	After the consumer has confirmed their plan selection, if the FFE	
		pronto que se activará su cobertura. Vea a continuación para más información sobre los próximos pasos.	has generated an SVI and a DMI for the consumer, EDE Entitles	
			must display this text.	
		¿ Quá debo hacer ahora?		
		1. Used debe entiar documento a il Merca do para (Insertar pemosa (s) y tipo)) de SVI) para el (Insertar fechas (Inite)). Esta intende un ancera to, (Inserta Ias instrucciones de la entidad EDC). Está intende un uniso con los resputidos de la mentida de su documento por carrie del Mercado. Uset de usede acceder a sua avista del la entidad EDC.	When the EDE Entity provides a list of SVIs and DMIs, the EDE Entity may deviate from the format provided here: for example, the EDE	
		2. Pagus us prima después de que se confirme su elegibilidad. Unde drobbé dete avis coundo sea el momento de hacer esto. Unde apuser sus prima mediante finante las instrucciones de la entidad CDTI.  Media Recurede que unide do puede comenza e suar su coheritar hacia tague el defenzación más en columentes y confirme se unifermación, y hacia tague suste do puede comenza es unifermación se prima.	Entity may use a buileted list or a table.	
		Recuerde que usted no puede comenzar a usar su cobertura hasta que el Mercado revise sus documentos y confirme su información, y hasta que usted pague su prima.	The deadline for each SN and DMI must be a full date (i.e. month)	
		2 Hay also más que debo hacer ahora?	day, and war).	
		comy magnisses que inconsistent ensuals.  - Totale los documentos requeridos al Mercado para: (insertar persona(s) y tipo(s) de DMI) para el (insertar fechas limite). Para hacer esto, (inserte las instrucciones de la entidad EDE).	eay, and year,	
		-Si usted confirmó su elegibilidad para el Período Especial de Inscripción y su cobertura ha comenzado, pero usted no envía estos documentos adicionales antes de las fechas limite enumeradas anteriormente, usted puede perder su cobertura de salud del Mercado y/o puede	The Auditor must provide screenshots of this page for a test	
		perder la avuda financiera que está recibiendo o esta quede disminuir.	consumer for whom the FFE has reperated an SVI and a DMI.	
		Expere mensajes de nuestra parte y del Mercado. Cuando usted escuche de CuidadoDeSalud.gov:		
		- Lea sus avisos y correos electrónicos.		
		- Cuidado De Salud, gov puede enviarle avisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los avisos del Mercado, a ctualizar su solicitud o cobertura y administrar su información.		
		- Suba documentos a través de (inserte el nombre de la entidad EDE). Podemos ayudarle a enviar documentos si el Mercado necesita confirmar su información.		
		- Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.		
		20th man at cognitive shadow oil information min tools?		
		¿Que pasa si necesito actualizar mi información más tarde?		
28 (DMI only)	1	Felicidades  Usted se ha inscrito en una cobertura del Mercado a través de [inserte el nombre de la entidad EDI].	After the consumer has confirmed their plan, if the consumer has	
1	1		DMIs, but no SVIs, the EDE Entity must display this text.	
		¿Quá debo hacer ahora?		
		1. Pague sus primas. Para hacer esto, (inserte las instrucciones de la entidad EDE).	When the EDE Entity provides a list of DMIs, the EDE Entity may	
	1	2. Envise los documentos requeridos al Mercado para: [insertar persona(s) y tipo(s) de OMI) para el [insertar fechas límite]. Para hacer esto, [inserte las instrucciones de la entidad EDE]. Si usted no envía estos documentos antes de las fechas límite enumeradas anteriormente,	deviate from the format provided here; for example, the EDE Entity	
1	1	usted puede perder su cobertura de salud del Mercado y/o puede perder la ayuda financiera que está recibiendo o esta puede disminuir.	mayuse a bulleted list or a table.	
		1. Esté atento a un aviso con los resultados de la revisión de sus documentos por parte del Mercado. Usted puede acceder a sus avisos del Mercado mediante (inserte las instrucciones de la entidad EDE).	L	
		Expere mensajes de nuestra parte y del Mercado. Cuando usted excurbe de CuidadeDeSakad.gov:	The deadline for each DMI must be a full date (i.e., month, day, and	
		Expere mensulps de nuestra parte y del Mercado. Cuando usted escuche de Cuidado DeSalvá, gov Les sus anisos vocremo el extrôncios.	ye arı-	
		- use sus awases y correct electronicos Cuidadotos Salad gor prade e minariar avisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los avisos del Mercado, actualizar su solicitud o cobertura y administrar su información.	The Auditor must provide screenshots of this page for a test	
		- unreadoute astrong or puede entraine axis by ymensyles a contentia. Ingresse en su cuenta con notators para wer os axisto des intercado, actualizar su societado o conertura y administrar su información.  - Suba documentos a taxás de figurante el northe de la entidad of CDP, Podermos ayudarde a entraí concernitos as informas su información.	The Auditor must provide screenings or this page for a cent consumer for whom the FFE has renerated at the east one DMI.	
1	1	- suda accuminos a araws de junierde en nomon de se acoma suda. Podemos ayudans a ennar occuminos se in exercado necessas commente su informacion.  - Decargue los formularios que incentivará cumodo presente su declaración de impuestos federales a sobre foi singenco.	general and the second	
		and the second s		
	1	¿Quá pasa si nocesito actualizar mi información más tarde?		
1	1	Si unted tiene un cambio de vida, como si se muda, cambian sus ingresos o se casa, por favor déjenos saber de inmediato. Para hacer esto, (inserte las instrucciones de la entidad CDC).		
29 (no DMIs or	1	[Felicidades   Unted se ha inscribo en una cobertura del Mercado a travels de [inserte el nombre de la entidad EDE].	After the consumer has confirmed their plan selection, if they have no DMIs or SVIs, EDE Entities must display this text.	
2000		/ Goal debo hacer ahors?	пом менен мет мета, вымь мененте помах мененте мененте.	
1	1	(Qui debo bacer abona?  - Sages aux primas. Para bacer esto, [inserte las instrucciones de la entidad CDC].	The Auditor must provide screenshots of this page for a test	
1		r regue aus primas. Pers maur eaus, priserie nas misusculories se na emisusculories.	The Auditor must provide screenshoos of this page for a test consumer with no DMIs or SVIs.	
1	1	Exprer emensajes de nuestra parte y del Mercado. Cuando usted escuche de CuidadoDeSalvd.gov.		
1		Aspet transage or your mental party or mental control used states or control used states of the control used states or control used states or control used states or control used states or control used used used used used used used used		
	1	- Cui dado De Salud gov puede enviarie avisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los avisos del Mercado, actualizar su solicitud o cobertura y administrar su información.		
1	1	- Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.		
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1	1	¿ Qué pasa si necesito actualizar mi información más tarde?		
		Si usted Hene un rambin de vida como si se muda cambian sus incorrus o se casa nor favor délanos saber de inmediato. Para bacer esto (inserte las instrucciones de la entidad FDF)	1 1	1 1