

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").

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.

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 Requirements	This column displays high-level descriptions of communication requirements.
Communications Requirement for EDE Entities	This column displays specific communication 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: 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.
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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.
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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 CMS.

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

Tab: Requirements

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. Note: 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	This column contains the required short list of document types for a DMI document upload menu drop-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 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 consumer can submit in response to 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, 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 drop-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.
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Tab: Spanish Translation_Req.25-29

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Requirement	High-Level Description of EDE Entity Communications Requirements	Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Auditor Compliance Conclusion**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
17	<p>Communications Requirement for EDE Entities</p> <p>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-eligibility application data collection activities.</p> <p>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 information about the Marketplace and [EDE Entity]."</p>	<p>The Auditor must provide a screenshot depicting the screen with this 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 this educational content is accessed via a hyperlink, provide a screenshot of the page where the hyperlink can be accessed (https://www.healthcare.gov/ede-and-us-entities/).</p>					
18	<p>Introduction:</p> <p>Why do I need EDE Entity's help? We work with the health insurance Marketplace to help you get health coverage.</p>						
19	<p>What's the health insurance Marketplace?</p> <p>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 low or free-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). The official Marketplace website is www.healthcare.gov.</p>						
20	<p>Can there be benefits to getting health insurance through the Marketplace?</p> <p>Marketplace coverage is the only way to get premium tax credits to help lower your monthly premiums and savings on out-of-pocket costs with lower deductibles and copayments. All Marketplace plans must cover the same set of essential health benefits¹, including preventive care, doctor's visits, prescriptions, hospital, and emergency services. No Marketplace plan can reject you, charge you more, or refuse to pay for essential health benefits for any condition you had before your coverage started. Learn more about essential health benefits.</p>	<p>¹https://www.healthcare.gov/faq/faq-essential-health-benefits/ must hyperlink to more information that describes Marketplace plan requirements. This can either be a direct hyperlink to https://www.healthcare.gov/faq/faq-essential-health-benefits/ or a link to an account dashboard where the consumer can complete a specific action. The EDE Entity must not simply direct the consumer to log in to their account.</p>					
21	<p>How do I apply for and enroll in coverage?</p> <p>You can apply and enroll with us. We'll send your information to the Marketplace through HealthCare.gov and let you know the programs and savings you're eligible for. If any of your information changes, you can also update your application through us.</p>						
22	<p>What if I'm eligible for Medicaid or CHIP?</p> <p>If you fit for an application and learn that you're eligible for coverage through Medicaid or CHIP, the Marketplace will automatically send your information to the state agency that runs these programs. We'll give you an eligibility notice with more information.</p>						
23	<p>How will I get notices?</p> <p>Even if you enroll in coverage through [insert EDE Entity's name], you'll still get some information directly from the Marketplace. Look for notices in the mail from the Health Insurance Marketplace and emails from HealthCare.gov. It's important to read these notices and email messages that contain important information that you'll only receive from the Marketplace. We can help you with any questions you may have by clicking on the support icon from HealthCare.gov.</p>						
24	<p>What if I'm redirected to HealthCare.gov?</p> <p>We can help most people with their applications and enrollment directly on our site. If we need to redirect you to HealthCare.gov to complete your application, we'll walk you through what to do and help you start to finish.</p>						
25	<p>Instructions for EDE Entities: EDE Entities must display the following educational content (Requirements 24-29) in the UI after a consumer selects a plan through the EDE pathway. For each UI communication requirement listed below, an EDE Entity must use the exact language provided in its UI. If an EDE Entity wishes to modify the language provided, it must request approval.</p> <p>If a primary EDE Entity is integrating its EDE platform with an upstream EDE Entity's CHIP shopping platform, the post-enrollment confirmation communication in the UI must still be implemented consistent with the following requirements (Requirements 24-29). This information may be displayed on the upstream EDE Entity's website or the primary EDE Entity's website as a post-enrollment confirmation page, but any data conversion or transfer necessary to facilitate the display of this information on an upstream EDE Entity's website must be disclosed in an EDE Entity-initiated Change Request and a copy of the primary EDE Entity's EA Appendix A. Please refer to the EDE Guidelines for Year 4 for more information. If an upstream EDE Entity wishes to implement the language in these 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.</p> <p>Notes: At least one member of the household stated to receiving an Individual Coverage Health Plan (ICHP) or Qualified Small Employer HRA (QSEHRA) 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 for more information and required language to display.</p>	<p>For any requirement that requires an EDE Entity to insert its own instructions for completing an action or for any UI elements used to implement those instructions (e.g., error messages), the EDE Entity must provide specific, consumer-friendly directions. For example, if the EDE Entity is directing the consumer to a location in an account dashboard to upload documents, the EDE Entity must provide either a direct hyperlink or clear navigation instructions to the specific webpage or location in an account dashboard where the consumer can complete a specific action. The EDE Entity must not simply direct the consumer to log in to their account.</p>					
26	<p>[Post-Enrollment Confirmation page content for a consumer who has an SV]</p> <p>You've chosen a plan. You can start using your health coverage after you submit documents and the Marketplace confirms you're eligible to enroll through a Special Enrollment Period. The sooner you submit documents, the sooner your coverage can become active. See below for more information about next steps.</p> <p>What should I do now?</p> <ol style="list-style-type: none"> 1. You must submit documents to the Marketplace for [insert person(s)] and SV types by [insert deadline]. To do this, [insert EDE Entity's instructions]. 2. Watch for a notice with the results of the Marketplace's review of your documents. You may access your Marketplace notices by [insert EDE Entity's instructions]. 3. Pay your premium after your eligibility is confirmed. You'll receive another notice when it's time to take this step. You may pay your premium by [insert EDE Entity's instructions]. <p>Notes: Remember that you can't start using your coverage until the Marketplace reviews your documents and confirms your information, and you pay your premium.</p> <p>Expect communications from us and from the Marketplace. When you hear from HealthCare.gov:</p> <ul style="list-style-type: none"> - Read your notices and emails. - HealthCare.gov may send you notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information. - Upload documents through [insert EDE Entity's name]. We can help you submit documents if the Marketplace needs to confirm your information. - Download forms you'll need when you file your federal income tax return. <p>What if I need to update my information later?</p> <p>If you have a life change, like you move, have a change in income, or get married, please let us know right away. To do this, [insert EDE Entity's instructions].</p>	<p>After the consumer has confirmed their plan selection, if the FFE has generated an SV, but no DMIs, for the consumer, EDE Entities must display this text.</p> <p>When the EDE Entity provides a list of SVs, the EDE Entity may deviate from the format provided here; for example, the EDE Entity may use a bulleted list or a table.</p> <p>The deadline for each SV must be a full date (i.e., month, day, and year).</p> <p>The Auditor must provide screenshots of this page for a test consumer for whom the FFE has generated at least one SV.</p>					
27	<p>[Post-Enrollment Confirmation page content for a consumer who has an SV and DM]</p> <p>You've chosen a plan. You can start using your health coverage after you submit documents and the Marketplace confirms you're eligible to enroll through a Special Enrollment Period. The sooner you submit documents, the sooner your coverage can become active. See below for more information about next steps.</p> <p>What should I do now?</p> <ol style="list-style-type: none"> 1. You must submit documents to the Marketplace for [insert person(s)] and SV types by [insert deadline]. To do this, [insert EDE Entity's instructions]. 2. Watch for a notice with the results of the Marketplace's review of your documents. You may access your Marketplace notices by [insert EDE Entity's instructions]. 3. Pay your premium after your eligibility is confirmed. You'll receive another notice when it's time to take this step. You may pay your premium by [insert EDE Entity's instructions]. <p>Notes: Remember that you can't start using your coverage until the Marketplace reviews your documents and confirms your information, and you pay your premium.</p> <p>Is there anything else I should do now?</p> <ol style="list-style-type: none"> 1. Submit required documents to the Marketplace for [insert person(s)] and DM types by [insert deadline]. To do this, [insert EDE Entity's instructions]. 2. If you confirmed your Special Enrollment Period eligibility and your coverage has begun, but you don't submit these additional documents by the deadlines listed above, you may lose your Marketplace health coverage, and/or may have a decrease of or lose any financial help you may be getting. <p>Expect communications from us and from the Marketplace. When you hear from HealthCare.gov:</p> <ul style="list-style-type: none"> - Read your notices and emails. - HealthCare.gov may send you notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information. - Upload documents through [insert EDE Entity's name]. We can help you submit documents if the Marketplace needs to confirm your information. - Download forms you'll need when you file your federal income tax return. <p>What if I need to update my information later?</p> <p>If you have a life change, like you move, have a change in income, or get married, please let us know right away. To do this, [insert EDE Entity's instructions].</p>	<p>After the consumer has confirmed their plan selection, if the FFE has generated an SV and a DMI for the consumer, EDE Entities must display this text.</p> <p>When the EDE Entity provides a list of SVs and DMIs, the EDE Entity may deviate from the format provided here; for example, the EDE Entity may use a bulleted list or a table.</p> <p>The deadline for each SV and DM must be a full date (i.e., month, day, and year).</p> <p>The Auditor must provide screenshots of this page for a test consumer for whom the FFE has generated an SV and a DMI.</p>					
28	<p>[Post-Enrollment Confirmation page content for a consumer who has a DMI]</p> <p>Congratulations! You've enrolled in Marketplace coverage through [insert EDE Entity's name].</p> <p>What should I do now?</p> <ol style="list-style-type: none"> 1. Pay your premiums. To do this, [insert EDE Entity's instructions]. 2. Submit required documents to the Marketplace for [insert person(s)] and DM types by [insert deadline]. To do this, [insert EDE Entity's instructions]. If you don't submit these documents by the deadlines listed above, you may lose your Marketplace health coverage and/or may have a decrease of or lose any financial help you may be getting. 3. Watch for a notice with the results of the Marketplace's review of your documents. You may access your Marketplace notices by [insert EDE Entity's instructions]. <p>Expect communications from us and from the Marketplace. When you hear from HealthCare.gov:</p> <ul style="list-style-type: none"> - Read your notices and emails. - HealthCare.gov may send you notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information. - Upload documents through [insert EDE Entity's name]. We can help you submit documents if the Marketplace needs to confirm your information. - Download forms you'll need when you file your federal income tax return. <p>What if I need to update my information later?</p> <p>If you have a life change, like you move, have a change in income, or get married, please let us know right away. To do this, [insert EDE Entity's instructions].</p>	<p>After the consumer has confirmed their plan, if the consumer has DMIs, but no SVs, the EDE Entity must display this text.</p> <p>When the EDE Entity provides a list of DMIs, the EDE Entity may deviate from the format provided here; for example, the EDE Entity may use a bulleted list or a table.</p> <p>The deadline for each DMI must be a full date (i.e., month, day, and year).</p> <p>The Auditor must provide screenshots of this page for a test consumer for whom the FFE has generated at least one DMI.</p>					
29	<p>[Post-Enrollment Confirmation page content for a consumer who has no SV or DM]</p> <p>Congratulations! You've enrolled in Marketplace coverage through [insert EDE Entity's name].</p> <p>What should I do now?</p> <ol style="list-style-type: none"> 1. Pay your premiums. To do this, [insert EDE Entity's instructions]. <p>Expect communications from us and from the Marketplace. When you hear from HealthCare.gov:</p> <ul style="list-style-type: none"> - Read your notices and emails. - HealthCare.gov may send you notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information. - Upload documents through [insert EDE Entity's name]. We can help you submit documents if the Marketplace needs to confirm your information. - Download forms you'll need when you file your federal income tax return. <p>What if I need to update my information later?</p> <p>If you have a life change, like you move, have a change in income, or get married, please let us know right away. To do this, [insert EDE Entity's instructions].</p>	<p>After the consumer has confirmed their plan selection, if they have no DMIs or SVs, EDE Entities must display this text.</p> <p>The Auditor must provide screenshots of this page for a test consumer with no DMIs or SVs.</p>					

For reference, CMS is providing the HealthCare.gov hyperlinks in English and Spanish of the full lists for the documents in cells C1 and D1.

<https://www.healthcare.gov/helo/how-do-i-resolve-an-inconsistency/> <https://www.cuidadosalud.gov/es/helo/how-do-i-resolve-an-inconsistency/>

DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language																					
Citizenship	<ul style="list-style-type: none"> - U.S. passport - Certificate of Naturalization (N-550/N-570) - Certificate of Citizenship (N-560/N-561) - State-issued enhanced driver's license (available in Michigan, New York, Vermont, and Washington) - 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: <ul style="list-style-type: none"> o A tribal enrollment card o A Certificate of Degree of Indian Blood o A tribal census document o Documents on tribal letterhead signed by a tribal official <p>If you don't have any of the documents above, you can submit 2 documents — one from each list below.</p> <p>You can submit one of these documents:</p> <ul style="list-style-type: none"> - U.S. public birth certificate - Consular Report of Birth Abroad (FS-240, CRBA) - Certification of Report of Birth (DS-1350) - Certification of Birth Abroad (FS-545) - U.S. Citizen Identification Card (I-197 or the prior version I-179) - Northern Mariana Card (I-873) - Final adoption decree showing the person's name and U.S. place of birth - U.S. Civil Service Employment Record showing employment before June 1, 1976 - Military record showing a U.S. place of birth - U.S. medical record from a clinic, hospital, physician, midwife, or institution showing a U.S. place of birth - U.S. life, health, or other insurance record showing U.S. place of birth - Religious record showing U.S. place of birth recorded in the U.S. - School record showing the child's name and U.S. place of birth - Federal or state census record showing U.S. citizenship or U.S. place of birth - Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3) <p>AND one of these documents (that has a photograph or other information, like your name, age, race, height, weight, eye color, or address):</p> <ul style="list-style-type: none"> - 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 - A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old) - 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 	<p>Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (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 refer to Requirements 2 and 3 on the Requirements Tab for more information.</p> <table border="1" data-bbox="1142 293 1940 1101"> <thead> <tr> <th data-bbox="1142 293 1556 318">English Document Type Menu List:</th> <th data-bbox="1556 293 1940 318">Spanish Document Type Menu List:</th> </tr> </thead> <tbody> <tr> <td data-bbox="1142 318 1556 334">- U.S. passport</td> <td data-bbox="1556 318 1940 334">- Pasaporte de los EE.UU.</td> </tr> <tr> <td data-bbox="1142 334 1556 350">- Certificate of Naturalization (N-550/N-570)</td> <td data-bbox="1556 334 1940 350">- Certificado de Naturalización (N-550/N-570)</td> </tr> <tr> <td data-bbox="1142 350 1556 367">- Certificate of Citizenship (N-560/N-561)</td> <td data-bbox="1556 350 1940 367">- Certificado de Ciudadanía (N-560/N-561)</td> </tr> <tr> <td data-bbox="1142 367 1556 448">- State-issued enhanced Driver's License</td> <td data-bbox="1556 367 1940 448">- Licencia de manejar emitida por el estado</td> </tr> <tr> <td data-bbox="1142 448 1556 464">- Document from a federally recognized Indian tribe</td> <td data-bbox="1556 448 1940 464">- Documento de tribu reconocida federalmente</td> </tr> <tr> <td data-bbox="1142 464 1556 480">- Other</td> <td data-bbox="1556 464 1940 480">- Otro</td> </tr> </tbody> </table>		English Document Type Menu List:	Spanish Document Type Menu List:	- U.S. passport	- Pasaporte de los EE.UU.	- Certificate of Naturalization (N-550/N-570)	- Certificado de Naturalización (N-550/N-570)	- Certificate of Citizenship (N-560/N-561)	- Certificado de Ciudadanía (N-560/N-561)	- State-issued enhanced Driver's License	- Licencia de manejar emitida por el estado	- Document from a federally recognized Indian tribe	- Documento de tribu reconocida federalmente	- Other	- Otro						
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Immigration status	<ul style="list-style-type: none"> - Permanent Resident Card, "Green Card" (I-551) - Reentry Permit (I-327) - Refugee Travel Document (I-571) - Employment Authorization Card (I-766) - Machine Readable Immigrant Visa (with temporary I-551 language) - Temporary I-551 Stamp (on Passport or I-94/I-94A) - Foreign passport - Arrival/Departure Record (I-94/I-94A) - Arrival/Departure Record in foreign passport (I-94) - Certificate of Eligibility for Nonimmigrant Student Status (I-20) - Certificate of Eligibility for Exchange Visitor Status (DS-2019) - Notice of Action (I-797) - Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada - Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) - Document indicating withholding of removal (or withholding of deportation) - Office of Refugee Resettlement (ORR) eligibility letter (if under 18) 	<table border="1" data-bbox="1142 1101 1940 1455"> <thead> <tr> <th data-bbox="1142 1101 1556 1125">English Document Type Menu List:</th> <th data-bbox="1556 1101 1940 1125">Spanish Document Type Menu List:</th> </tr> </thead> <tbody> <tr> <td data-bbox="1142 1125 1556 1141">- Permanent Resident/Green Card (I-551)</td> <td data-bbox="1556 1125 1940 1141">- Tarjeta de Residente Permanente, "Tarjeta Verde" (I-551)</td> </tr> <tr> <td data-bbox="1142 1141 1556 1157">- Reentry Permit (I-327)</td> <td data-bbox="1556 1141 1940 1157">- Permiso de Readmisión (I-327)</td> </tr> <tr> <td data-bbox="1142 1157 1556 1174">- Refugee Travel Document (I-571)</td> <td data-bbox="1556 1157 1940 1174">- Documento de Viaje de Refugiado (I-571)</td> </tr> <tr> <td data-bbox="1142 1174 1556 1190">- Employment Authorization Card (I-766)</td> <td data-bbox="1556 1174 1940 1190">- Tarjeta de Autorización de Empleo (I-766)</td> </tr> <tr> <td data-bbox="1142 1190 1556 1239">- Machine Readable Immigrant Visa (with temporary I-551 language)</td> <td data-bbox="1556 1190 1940 1239">- Visa de Inmigrante Legible por Máquina (con temporal I-551 lenguaje)</td> </tr> <tr> <td data-bbox="1142 1239 1556 1255">- Temporary I-551 Stamp (on Passport or I-94/I-94A)</td> <td data-bbox="1556 1239 1940 1255">- Sello de I-551 temporal (on Passport or I-94/I-94A)</td> </tr> <tr> <td data-bbox="1142 1255 1556 1271">- Arrival/Departure Record (I-94/I-94A)</td> <td data-bbox="1556 1255 1940 1271">- Registro de Llegada/Salida (I-94/I-94A)</td> </tr> <tr> <td data-bbox="1142 1271 1556 1287">- Arrival/Departure Record in foreign passport (I-94)</td> <td data-bbox="1556 1271 1940 1287">- Registro de Llegada/Salida en pasaporte extranjero (I-94)</td> </tr> <tr> <td data-bbox="1142 1287 1556 1304">- Other</td> <td data-bbox="1556 1287 1940 1304">- Otro</td> </tr> </tbody> </table>		English Document Type Menu List:	Spanish Document Type Menu List:	- Permanent Resident/Green Card (I-551)	- Tarjeta de Residente Permanente, "Tarjeta Verde" (I-551)	- Reentry Permit (I-327)	- Permiso de Readmisión (I-327)	- Refugee Travel Document (I-571)	- Documento de Viaje de Refugiado (I-571)	- Employment Authorization Card (I-766)	- Tarjeta de Autorización de Empleo (I-766)	- Machine Readable Immigrant Visa (with temporary I-551 language)	- Visa de Inmigrante Legible por Máquina (con temporal I-551 lenguaje)	- Temporary I-551 Stamp (on Passport or I-94/I-94A)	- Sello de I-551 temporal (on Passport or I-94/I-94A)	- Arrival/Departure Record (I-94/I-94A)	- Registro de Llegada/Salida (I-94/I-94A)	- Arrival/Departure Record in foreign passport (I-94)	- Registro de Llegada/Salida en pasaporte extranjero (I-94)	- Other	- Otro
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- Other	- Otro																						

DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language	
Household income	<p data-bbox="386 261 617 277">· Resident of American Samoa Card</p> <p data-bbox="289 284 1142 337">The documents you submit to the Marketplace to confirm your income must show a yearly income amount that closely matches the yearly 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.</p> <ul data-bbox="386 386 1142 748" style="list-style-type: none"> · 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. · Wages and tax statement (W-2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT). Must contain your first and last name, income amount, tax year, and employer name (if applicable). · 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. · 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. · Social Security Administration Statements (Social Security Benefits Letter). Must contain first and last name, benefit amount, and frequency of pay. · Unemployment Benefits Letter. Must contain your first and last name, source/agency, benefits amount, and duration (start and end date, if applicable). · 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] <p data-bbox="386 768 1142 821">Has your household income changed since you submitted your application? If so, it's important to report this change to the Marketplace right away. Learn how to report a life change. (Insert: EDE Entity's hyperlink or instructions to the individual on how to report a life change through the EDE environment.)</p> <p data-bbox="289 850 583 867">Documents to confirm self-employment income:</p> <ul data-bbox="386 870 1142 1000" style="list-style-type: none"> · 1040 SE with Schedule C, F, or SE (for self-employment income) · 1065 Schedule K1 with Schedule E · Tax return · Bookkeeping records · 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] <p data-bbox="289 1057 541 1073">Documents to confirm unearned income:</p> <ul data-bbox="386 1076 1142 1408" style="list-style-type: none"> · 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 · Pay stub indicating substitute/assistant pay · Pay stub indicating vacation pay · Proof of residuals 	<p data-bbox="1142 186 1944 256">Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (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 refer to Requirements 2 and 3 on the Requirements Tab for more information.</p>	
		<p data-bbox="1142 284 1352 300">English Document Type Menu List:</p> <ul data-bbox="1142 342 1556 594" style="list-style-type: none"> · 1040 tax return · W2 and/or 1099s · Pay stub documentation · Self-employment documentation · Social Security statements · Unemployment benefits letter · Other 	<p data-bbox="1556 284 1766 300">Spanish Document Type Menu List:</p> <ul data-bbox="1556 342 1944 594" style="list-style-type: none"> · Declaración de impuestos 1040 · W-2 y/o 1099s · Talón de pago · Documentación de empleo por cuenta propia · Documento o carta de la Administración del Seguro Social · Carta de beneficios de desempleo · Otro

DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language	
	<ul style="list-style-type: none"> Letter, deposit, or other proof of travel/business reimbursement pay Or, <u>complete a written explanation form</u>. 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] <p><u>Get more details for other income situations</u>. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/consumer_guide_for_household_income_booklet.pdf]</p>	<p>Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (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 refer to Requirements 2 and 3 on the Requirements Tab for more information.</p>	
Incarceration status	<ul style="list-style-type: none"> Official release papers from the institution or Department of Corrections Parole papers Unexpired state ID, driver's license, work ID, or passport Pay stubs Federal, state, or local benefit letter Clinic, doctor, or hospital records for services provided 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) <p>What if I don't have any of those documents?</p> <p>You can submit a letter providing the reason you can't provide the requested documents. The Marketplace will take your letter into consideration. <u>You can use this template</u>. [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.</p>	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> Official release papers Parole papers Document showing employment/proof of residence Signed/notarized affidavit Other 	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> Documentos de liberación Documentos de Libertad Condicional Documento que muestra el empleo/prueba de residencia Declaración notariada/firmada Otro
American Indian or Alaska Native status	<ul style="list-style-type: none"> Tribal Enrollment/Membership card from a federally recognized tribe Document issued by Bureau of Indian Affairs (BIA) recognizing you as American Indian/Alaska Native Authentic document from a federally recognized tribe declaring your membership Certificate of Degree of Indian Blood Certificate of Indian status card I-872 American Indian Card (Texas and Oklahoma Kickapoo American and Mexican members) Document issued by Indian Health Service (IHS) showing that you were/are eligible for IHS services as an American Indian/Alaska Native U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaska Native shareholder status 	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> Tribal Enrollment / Membership Card Document issued by BIA Authentic document from a tribe declaring membership Certificate of Degree of Indian Blood Certificate of Indian status card I-872 American Indian Card U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation Letter from the Marketplace granting a tribal exemption Other 	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> Tarjeta de Membresía o Inscripción Tribal Documentación de accionista o membresía emitida por la Oficina de Asuntos de Nativos Americanos (BIA). Un documento auténtico emitido por una tribu reconociendo su membresía. Certificado del grado de sangre indígena Un documento que pruebe el estatus de Indio Tarjeta de Indio Americano I-872 Documentación de accionista o membresía tribal de Indio Americano o Nativo de Alaska Carta del Mercado concediendo una exención tribal Otro
No Minimum Essential Job-Based Coverage	<p>Submit one of the documents below if you need to confirm that your job-based coverage isn't qualifying health coverage:</p> <ul style="list-style-type: none"> Completed <u>Employer Coverage Tool</u> and a cover letter signed by the employer [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/employer-coverage-tool.pdf] Letter or other documentation from an employer or other documentation with this information: <ul style="list-style-type: none"> Statement that the employer doesn't currently offer you (or your family member) coverage Statement that the employer doesn't provide coverage that isn't qualifying health coverage Statement showing the cost of your share of the premium for the lowest-cost self-only plan that meets the <u>minimum value standard</u> (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 Marketplace insurance plan instead."] Health insurance letter that contains confirmation of health coverage and expiration dates for coverage received outside of the Marketplace 	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> Letter from employer Statement of health benefits Other 	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> Carta del asegurador médico Comprobante de beneficios médicos Otro
	Submit one of the documents below if you need to confirm that you don't have coverage through Medicaid or CHIP:	<p>English Document Type Menu List:</p>	<p>Spanish Document Type Menu List:</p>

DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language	
<p>No coverage through: Medicaid or the Children's Health Insurance Program (CHIP)</p>	<p>Note: Some Medicaid and CHIP programs are known by names specific to that state. <u>Find the name of Medicaid & CHIP programs in your state.</u> [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/medicaid-and-chip-names/]</p> <ul style="list-style-type: none"> - 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 <u>Medicaid programs that don't provide qualifying coverage.</u> [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/medicaid-limited-benefits/] If you send document(s) verifying enrollment in one of these programs, you may be able to continue your financial help for your Marketplace coverage: <ul style="list-style-type: none"> o Medicaid coverage only for pregnancy-related services o Medicaid coverage only for family planning services o Medicaid coverage only for tuberculosis coverage o Medicaid coverage only for emergency treatment o Medicaid Demonstration Projects that cover a limited range of benefits 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: <ul style="list-style-type: none"> 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 o 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 	<p>Note: HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (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 refer to Requirements 2 and 3 on the Requirements Tab for more information.</p>	
<p>No Coverage Through: TRICARE</p>	<p>Submit one of the documents below if you need to confirm that you don't have coverage through TRICARE:</p> <ul style="list-style-type: none"> - Letter or statement from TRICARE that shows the expiration or un-enrollment date of previous health coverage - Letter or statement from TRICARE that confirms ineligibility for health coverage - Letter, statement, or other document indicating a life change event (like divorce) that would make you or a family member ineligible for TRICARE coverage - 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: <ul style="list-style-type: none"> o TRICARE Plus o Direct care o Line-of-duty care o Transitional care for service-related conditions o 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. <p>What if I don't have any of those documents?</p> <p>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. <u>You can use this template.</u> [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.</p>	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> - Letter from TRICARE - Other 	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> - Carta de TRICARE - Otro
<p>No Coverage Through: Veterans Health Care</p>	<p>Submit this document if you need to confirm that you don't have coverage through the VA:</p> <ul style="list-style-type: none"> - Letter from the VA that shows the expiration date of previous health coverage 	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> - Letter from VA - Other 	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> - Carta del VA - Otro

DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language	
Program	<p>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. <u>You can use this template.</u> [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.</p>	<p>Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (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 refer to Requirements 2 and 3 on the Requirements Tab for more information.</p>	
No Coverage Through: Medicare	<p>Submit this document if you need to confirm that you don't have coverage through Medicare:</p> <ul style="list-style-type: none"> - Letter or statement from Medicare or the Social Security Administration stating that you or your family members are: <ul style="list-style-type: none"> - Not eligible for or enrolled in premium-free Medicare Part A. - 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. - No longer eligible for Social Security Disability Insurance (SSDI) benefits, and your coverage has ended or will end in the next 90 days. <p>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. <u>You can use this template.</u> [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.</p>	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> - Letter from Medicare - Other 	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> - Carta de Medicare - Otro
No Coverage Through: Peace Corps	<p>Submit this document if you need to confirm that you don't have coverage through the Peace Corps:</p> <ul style="list-style-type: none"> - 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 <p>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. <u>You can use this template.</u> [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.</p>	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> - Letter from Peace Corps - Other 	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> - Carta del Cuerpo de Paz - Otro
Social Security Number	<p>Documents must include your first name, last name, and SSN:</p> <ul style="list-style-type: none"> - Social Security card - 1040 Tax Return (federal or state versions acceptable) - W2 and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT) - W4 Withholding Allowance Certificate (federal or state versions acceptable) - 1095 (includes 1095A, 1095B, 1095C) - Pay stub documentation - Social Security Administration documentation (includes 4029) - Military record - U.S. Military ID card - Military dependent's ID card - Unemployment Benefits (Unemployment Benefits Letter) - Court Order Granting a Name Change, that must have your original first and last name, new first and last name, and SSN - Divorce decree 	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> - Social Security card - Tax form(s) - Benefit or income statement - Other 	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> - Tarjeta de seguro Social - Formularios de impuesto(s) - Declaración de beneficios o ingresos - Otro

For reference, CMS is providing the HealthCare.gov hyperlinks in English and Spanish of the full lists for the documents in cells C1 and D1. <https://www.healthcare.gov/help/prove-coverage-loss/> <https://www.cuidadodesalud.gov/es/help/prove-coverage-loss/>

SVI Type	Full Lists of Acceptable Documents	Document Upload Menu Language	
<p>If you get a notice from the Marketplace saying you need to submit documents to confirm your loss of coverage, you can upload or mail documents.</p> <p>If your notice says that you also need to submit documents <u>to confirm a recent move</u>, 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/prove-move/]</p> <p>IMPORTANT: Upload or mail documents as soon as possible. If you don't submit documents by the deadline, you won't have Marketplace coverage.</p> <p>- Find out how to upload: [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/how-to-upload-documents/]</p> <p>- Get the mailing address: [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/prove-coverage-loss/]</p> <p>What documents can I submit?</p> <p>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:</p> <p>A letter from an insurance company, on official letterhead or stationery, including:</p> <ul style="list-style-type: none"> A letter or premium bill from your former insurance company that shows you or your dependent's cancellation/termination from health coverage. A decertification letter from your insurance company stating when coverage will no longer be offered. <p>A letter from an employer, on official letterhead or stationery, that confirms one of these about you or your spouse or dependent family member:</p> <ul style="list-style-type: none"> That your employer dropped or will drop your coverage or benefits. That your employer stopped or will stop contributing to your cost of coverage. That your employer changed or will change coverage or benefits, and your coverage will no longer be considered qualifying health coverage. <p>A letter about COBRA coverage, like a letter from an employer or health insurance company that confirms these:</p> <ul style="list-style-type: none"> 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. <p>A health care program document, on official letterhead or stationery, including:</p> <ul style="list-style-type: none"> 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. A dated copy of your military discharge document (DD214). <p>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.</p> <p>You can also submit any of the documents in the list below. However, these documents may include only some of the information we need to confirm, so you'll most likely need to submit more than one of these documents:</p> <p>Pay stubs, if you lost employer-sponsored coverage. You can submit:</p> <ul style="list-style-type: none"> 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. <p>(https://www.healthcare.gov/help/prove-coverage-loss/)</p>		English Document Type Menu List:	Spanish Document Type Menu List:
	Letter from an insurance company	Carta de una compañía de seguros	
	Letter from an employer	Carta de un empleador	
	Letter about COBRA coverage	Carta sobre la cobertura COBRA	
	Health care program document	Documento del programa de cuidado de salud	
	Pay stubs	Talones de pago si ha perdido la cobertura médica basada en el empleo	
	Letter for loss of student coverage	Carta que indique que ha perdido la cobertura médica estudiantil	
	Document for coverage loss due to divorce/separation	Documento de pérdida su cobertura debido a divorcio, separación legal	
	Document for coverage loss due to death	Documento de pérdida de cobertura por muerte	
	Letter of explanation	Carta de explicación	
Other	Otro		

SVI Type	Full Lists of Acceptable Documents	<p>Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (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 refer to Requirements 2 and 3 on the Requirements Tab for more information.</p>
	<p>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.</p> <p>Document showing you lost coverage because of divorce, legal separation, custody agreements, or annulment within 60 days of submitting your application, including:</p> <ul style="list-style-type: none"> 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. <p>Document showing you lost coverage due to death of a family member, including:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>What if I'm in a plan that ended before the end of the calendar year?</p> <p>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.</p> <p>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]</p> <p>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/]</p> <p>Mailing address: Health Insurance Marketplace Attn: Coverage Processing 465 Industrial Blvd London, KY 40750-0001</p>	

Requirement	High-Level Description of EDE Entity Communications Requirements	Communications Requirement for EDE Entities	Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Auditor Compliance Conclusion**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
17		<p>Instructions for EDE Entities: EDE Entities must display the following educational content [requirements 17 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-eligibility application data collection attestations.</p> <p>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 Information about the Marketplace and [EDE Entity]."</p>	<p>The Auditor must provide a screenshot depicting the screen with this 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 this educational content is accessed via a hyperlink, provide a screenshot of the page where the hyperlink can be accessed by the consumer in the EDE end-user experience.</p>					
18	Set Clear Expectations & Awareness of Marketplace Program	<p>Introducción: Aquí, en [inserte el nombre de la entidad EDE], trabajamos con el Mercado de Seguros Médicos para ayudarle a obtener cobertura de salud.</p> <p>¿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 (CHIP, por sus siglas en inglés). El sitio web oficial del Mercado es CuidadoDeSalud.gov.</p> <p>¿Existen beneficios al obtener un seguro médico a través del Mercado? La cobertura del Mercado es la única manera de obtener créditos fiscales para las primas mensuales y ahorrar en gastos de bolsillo con deducibles y 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 hospitalarios y de emergencia. Ningún plan del Mercado puede rechazarle, cobrarle más o negarse a pagar los beneficios esenciales por cualquier condición que usted tuviera antes de que comenzara su cobertura. Obtenga más información sobre lo que deben cubrir los planes del Mercado.</p>						
19								
20			<p>Obtenga más información sobre lo que deben cubrir los planes del Mercado. must hyperlink to more information that describes Marketplace plan requirements. This can either be a direct hyperlink to HealthCare.gov (https://www.cuidadodesalud.gov/es/coverage/what-marketplace-plans-cover/) or the EDE Entity can provide this same type of information on their own site.</p>					
21		<p>¿Cómo solicito y me inscribo en una cobertura? Usted puede solicitar e inscribirse con nosotros. Nosotros enviaremos su información al Mercado a través de CuidadoDeSalud.gov y le informaremos sobre los programas y ahorros para los que usted es elegible. Si desea de su información cambia, usted también puede actualizar su solicitud a través de nosotros.</p>						
22		<p>¿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 administra estos programas. Nosotros le daremos un aviso de elegibilidad con más información.</p>						
23		<p>¿Cómo recibirá avisos? 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 Mercado de Seguros Médicos por correo postal y correos electrónicos de CuidadoDeSalud.gov. Es importante leer estos avisos y correos electrónicos porque contienen información importante que sólo obtendrá el Mercado de Seguros Médicos. Nosotros podemos ayudarle con cualquier acción de seguimiento que deba tomar, incluida las peticiones de CuidadoDeSalud.gov.</p>						
24		<p>¿Qué pasa si me redirigen a CuidadoDeSalud.gov? Nosotros podemos ayudarle a la mayoría de las personas con las solicitudes e inscripciones directamente en nuestro sitio. Si necesitamos redirigirlo a CuidadoDeSalud.gov para completar su solicitud, le ayudaremos con todo lo que debe hacer y le ayudaremos de principio a fin.</p>						

Requirement	High-Level Description of EDE Entity Communication Requirement	Communication Requirement for EDE Entities	Document Submission Requirements and Additional Notes to EDE Entities	Auditor Compliance Conclusion**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
25		<p>Instructions for EDE Entities: EDE Entities must display the following educational content (requirements 20-26) in the UI after a consumer selects a plan through the EDE pathway. For each UI communication requirement listed below, an EDE Entity must use the exact language provided in the UI. If an EDE Entity wishes to modify the language provided, it must request approval.</p> <p>If a primary EDE Entity is integrating an EDE platform with an upstream EDE Entity's SHOP shopping platform, the post-enrollment confirmation communication to the UI must still be implemented consistent with the following requirements (Requirements 20-26). This information may be displayed on the upstream EDE Entity's website or the primary EDE Entity's website in a post-enrollment confirmation page, but any data correction or transfer necessary to facilitate the display of this information on an upstream EDE Entity's website must be disclosed in an EDE Entity-Initiated Change Request and a copy of the primary EDE Entity's UI's Appendix B. Please refer to the EDE Guidelines for Year 6 for more information. If an upstream EDE Entity wishes to implement the language in these requirements—and more generally, any language or functionality described in this toolkit or in the EDE Guidelines—the EDE Entity must send and provide evidence of the proposed implementation to CDE via an EDE Entity-Initiated Change Request.</p> <p>Note: If at least one member of a household attests to receiving an individual Coverage NRA (ICNRA) or Qualified Small Employer NRA (QSEERA) on their eligibility application, after the consumer has completed enrollment, the Entity must display reminder language (on the eligibility result 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 be displayed.</p>	<p>For any requirement that requires an EDE Entity to insert its own instructions for completing an action or for any UI elements used to implement those instructions (e.g., error messages), the EDE Entity must provide specific, consumer-friendly directions. For example, if the EDE Entity is directing the consumer to a location in an account dashboard to upload documents, the EDE Entity must provide either a direct hyperlink or clear navigation instructions to the specific webpage or location in an account dashboard where the consumer can complete a specific action. The EDE Entity must not simply direct the consumer to log in to their account.</p>					
26 (SV only)	Plan Enrollment UI Communication for Consumers	<p>¿Qué debe hacer ahora?</p> <p>1. Usted debe enviar documentos al Mercado para [insertar persona(s) y tipo(s) de SV] para el [insertar fecha(s) límite]. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p> <p>2. Está 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].</p> <p>3. Pague su prima después de que se confirme su elegibilidad. Usted recibirá otro aviso cuando sea el momento de hacer esto. Usted puede pagar su prima mediante [inserte las instrucciones de la entidad EDE].</p> <p>Nota: 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.</p> <p>Espere mensajes de nuestra parte y del Mercado. Cuando usted escuche de CuidadoDeSalud.gov:</p> <p>• Lea sus avisos y mensajes importantes.</p> <p>• CuidadoDeSalud.gov puede enviarle avisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los avisos del Mercado, actualizar su solicitud y cobertura y administrar su información.</p> <p>• Suba documentos a través de [inserte el nombre de la entidad EDE]. Podemos ayudarle a enviar documentos si el Mercado necesita confirmar su información.</p> <p>• Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.</p> <p>¿Qué pasa si necesito actualizar mi información más tarde?</p> <p>• Si usted tiene un cambio de vida, como si se muda, cambian sus ingresos o se casa, por favor díganos saber de inmediato. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p>	<p>After the consumer has confirmed their plan selection, if the FFE has generated an SV, but no DMs, for the consumer, EDE Entities must display this text.</p> <p>When the EDE Entity provides a list of SVs, the EDE Entity may deviate from the format provided here, for example, the EDE Entity may use a bulleted list or a table.</p> <p>The deadline for each SV must be a full date (i.e., month, day, and year).</p> <p>The Auditor must provide screenshots of this page for a text consumer for whom the FFE has generated at least one SV.</p>					
27 (SV and DM)		<p>¿Qué debe hacer ahora?</p> <p>1. Usted debe enviar documentos al Mercado para [insertar persona(s) y tipo(s) de SV] para el [insertar fecha(s) límite]. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p> <p>2. Está 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].</p> <p>3. Pague su prima después de que se confirme su elegibilidad. Usted recibirá otro aviso cuando sea el momento de hacer esto. Usted puede pagar su prima mediante [inserte las instrucciones de la entidad EDE].</p> <p>Nota: 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.</p> <p>¿Hay algo más que debo hacer ahora?</p> <p>• Lea sus avisos y mensajes importantes.</p> <p>• CuidadoDeSalud.gov puede enviarle avisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los avisos del Mercado, actualizar su solicitud y cobertura y administrar su información.</p> <p>• Suba documentos a través de [inserte el nombre de la entidad EDE]. Podemos ayudarle a enviar documentos si el Mercado necesita confirmar su información.</p> <p>• Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.</p> <p>¿Qué pasa si necesito actualizar mi información más tarde?</p> <p>• Si usted tiene un cambio de vida, como si se muda, cambian sus ingresos o se casa, por favor díganos saber de inmediato. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p>	<p>After the consumer has confirmed their plan selection, if the FFE has generated an SV and a DM for the consumer, EDE Entities must display this text.</p> <p>When the EDE Entity provides a list of SVs and DMs, the EDE Entity may deviate from the format provided here, for example, the EDE Entity may use a bulleted list or a table.</p> <p>The deadline for each SV and DM must be a full date (i.e., month, day, and year).</p> <p>The Auditor must provide screenshots of this page for a text consumer for whom the FFE has generated an SV and a DM.</p>					
28 (DM only)		<p>¡Atención! Usted no ha recibido en esta cobertura del Mercado a través de [inserte el nombre de la entidad EDE].</p> <p>¿Qué debe hacer ahora?</p> <p>1. Pague su prima. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p> <p>2. Tome los documentos requeridos al Mercado para [insertar persona(s) y tipo(s) de DM] para el [insertar fecha(s) límite]. Para hacer esto, [inserte las instrucciones de la entidad EDE]. Si usted no envía estos documentos antes de las fechas límite enumeradas anteriormente, usted puede perder su cobertura de salud del Mercado y/o puede perder la ayuda financiera que está recibiendo a este punto de tiempo.</p> <p>Espere mensajes de nuestra parte y del Mercado. Cuando usted escuche de CuidadoDeSalud.gov:</p> <p>• Lea sus avisos y mensajes importantes.</p> <p>• CuidadoDeSalud.gov puede enviarle avisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los avisos del Mercado, actualizar su solicitud y cobertura y administrar su información.</p> <p>• Suba documentos a través de [inserte el nombre de la entidad EDE]. Podemos ayudarle a enviar documentos si el Mercado necesita confirmar su información.</p> <p>• Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.</p> <p>¿Qué pasa si necesito actualizar mi información más tarde?</p> <p>• Si usted tiene un cambio de vida, como si se muda, cambian sus ingresos o se casa, por favor díganos saber de inmediato. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p>	<p>After the consumer has confirmed their plan, if the consumer has DMs, but no SVs, the EDE Entity must display this text.</p> <p>When the EDE Entity provides a list of DMs, the EDE Entity may deviate from the format provided here, for example, the EDE Entity may use a bulleted list or a table.</p> <p>The deadline for each DM must be a full date (i.e., month, day, and year).</p> <p>The Auditor must provide screenshots of this page for a text consumer for whom the FFE has generated at least one DM.</p>					
29 (no DMs or SVs)		<p>¡Atención! Usted no ha recibido en esta cobertura del Mercado a través de [inserte el nombre de la entidad EDE].</p> <p>¿Qué debe hacer ahora?</p> <p>1. Pague su prima. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p> <p>Espere mensajes de nuestra parte y del Mercado. Cuando usted escuche de CuidadoDeSalud.gov:</p> <p>• Lea sus avisos y mensajes importantes.</p> <p>• CuidadoDeSalud.gov puede enviarle avisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los avisos del Mercado, actualizar su solicitud y cobertura y administrar su información.</p> <p>• Suba documentos a través de [inserte el nombre de la entidad EDE]. Podemos ayudarle a enviar documentos si el Mercado necesita confirmar su información.</p> <p>• Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.</p> <p>¿Qué pasa si necesito actualizar mi información más tarde?</p> <p>• Si usted tiene un cambio de vida, como si se muda, cambian sus ingresos o se casa, por favor díganos saber de inmediato. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p>	<p>After the consumer has confirmed their plan selection, if they have no DMs or SVs, EDE Entities must display this text.</p> <p>The Auditor must provide screenshots of this page for a text consumer with no DMs or SVs.</p>					