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 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.
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.

Services of the control of the contr			Communications Requirement for IDE fatilities					Estimated Resolution Date**	Auditor Comments**
The state of the s	Requirement	High-Level Description of EDE Entity	Communications Requirement for EDE Entitles	Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Auditor Compliance Conclusion**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
Services  Fig. 19 Services  Fi		Communications Requirements							
Services  Fig. 12 Services  Fi	1		EEE Entries must send emails to the consumer to notify them that their application was submitted and whether they have any 100 Miss. CMS currently sends two separate emails for the application submission and DMI creation events; however, the wording and formation of the propriet of the submission of the submission of the propriet of the submission of the propriet	The Auditor must submit sample communications that the EDE Entity is using to communicate annilization submission and DMI creation to consumers. This must					
Part		Submission & Data	submission and DMI creation events in a way that is clear and consumer friendly.	include a sample for when an Annual Income DMI is created after async processing					
Section of the control of the contro		Creation		Income Event (after async processing completes) from their logs that corresponds to					
Exercise the second continued and the second c		Communications	information is needed to income verification, the Standardone Eligibility Service (St.) will quive the application and complete information is needed to the standardone eligibility Service (St.) will quive the application and complete information is needed to the standardone eligibility Service (St.) will quive the application and complete information is needed to the standardone eligibility Service (St.) will quive the application and complete information income verification once the ITD Secondardon available. This is applications will other have annual income verified or an annual income verified or an annual income verification. The standardone eligibility Service (St.) will quive the application and complete information income verification once the ITD Secondardon available. This is application will other have annual income verified or an annual income verification of the standardone eligibility Service (St.) will provide a standardone eligibility Service (St.) will p	the email communication.					
Service of the control of the contro			Note: When an application is submitted during "async processing" and other, non-income DMIs are communicated to the consumer via the Entity's application submission and DMI creation event emails, it's recommended to include content in those						
Services of the services of th			communications that informs the consumer that their annual income information is still being processed and encourage them to check back in 24 hours to see if action is needed.						
Services of the control of the contr			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 missage; leverage the user interface to reinforce key lumbs to the consumer set?						
Services of the services of th									
Services of the services of th	2	Document Upload	THE CLEAR CHARGES AND ASSESSMENT AS THE CHARGES AND ASSESSMENT AS THE CLEAR CHARGES AND AS THE CLEAR CHARGES AND ASSESSMENT AS THE CHARGES AND A	The Auditor must provide screenshots for each DMI and the loss of qualifying					
Services of the services of th		Requirement; DMI and Special	Entities must provide the following information: action item (thinkly) and DMI(NN), deadline, person(s) it applies to, description of action required, provide a drop-down menus for the consumer to select and upload documents for that DMI or SNI as detailed below (the list must be specific to the DMI or SNI type), Status of the DMI or SNI play, Status or of the DMI or of the DMI or SNI play, STATUS or of the DMI or of	healthcare coverage SVI that includes the following:  - Initial document upload page and educational content,					
Services of the services of th		Enrollment Period (SEP) Verification	(with a date and consumer-friendly till efter each notice) [please also review requirements 12 and 13 on this tab of the Toolkilst, (Eff Entities must also provide introductory educational content that describes at a high level the purpose of uploading documents. As a minimum, this must describe that a consumer will mead to upload documents to the Eschange be provide proof of the consumer's information as provided on the application in order to complete this ringility programs (ringility) and provide proof provided proof provided proof provided proof provided provided provided proof provided provide	<ul> <li>An unobstructed and complete view of the full document upload drop down menu,</li> <li>A copy of the EDE Entity's hyperlinked webpage hosting the full list of acceptable</li> </ul>					
Services of the services of th		Issue (SW) User Interface Display	content, the EDE Entity must also, at a minimum, list out the condensed list of document types a consumer may upload for the respective DMI or SVI; this is required independent of the EDE Entity's chosen approach for displaying the full list of acceptable documents from a DMI or SVI; this is considered in the EDE Entity's chosen approach for displaying the full list of acceptable documents from a DMI or SVI; this is required independent of the EDE Entity's chosen approach for displaying the full list of acceptable documents from a DMI or SVI is a Considered and SVI is a DMI or SVI is a DMI or SVI in this considered in the SVI is a DMI or SVI in this considered in the SVI is a DMI or SVI in this considered in the SVI is a DMI or SVI in this considered in this considered in this considered in the SVI is a DMI or SVI in this considered in the SVI is a DMI or SVI in this considered in the SVI is a DMI or SVI in this considered in the SVI in this considered in the SVI is a DMI or SVI in this considered in the SVI in	documents (if the Entity is using this option and not relying solely on HealthCare.gov),  . a representation of the document and pad page with multiple DMIs and/or SMs (if the					
Service of the control of the contro			The DEScribe worst the associated dates deeper for the associated advances to related a decrease to related a decrease of the associated and the a	EDE Entity displays multiple DMIs and/or SVIs on the same document upload page),					
Service of the control of the contro			Document Types" table. If the DEE Entity Flusts multiple DMIs amidjor SVIs on each page, the DEE Entity must provide a unique document upload selection drop down for each DMI and SVI. The EDE Entity must not allow consumers to select document types that are not exist inhibitors. On the Consumers is not allow consumers to select document types that are not exist inhibitors. On the consumers is not exist in our consumers to select document types that are not exist inhibitors. On the consumers is not exist in our consumers to select document types that are not exist inhibitors.	- Any other screenshots that constitute the DMI or SVI educational content or					
with the second process of the second proces	3	1	in addition to the basic DMI and SVI display-detailed in Requirement 2, EEE Entities have two options for displaying the full list of acceptable documents for a DMI or SVI, as displayed in column B of the "DMI Document Types" and "SVI Document Types" tabs. In	The Auditor must provide screenshots for each DMI and the loss of qualifying					
Service of the control of the contro			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					
See				- A screenshot demonstrating the EDE Entity's URL to the DMI- or SVI-specific					
See			14 For the first option, after the immediatory educational content, ICE Entities must provide a link to a separate webpage listing the first hold list of acceptable documents that a consumer may upload to resolve the respective DMI or 5N, as detailed in column B of the DMI or 5N provides a link to a separate webpage listing the first hold list of acceptable documents that a consumer may upload to resolve the OM or 5N, the DMI or 5N, as detailed in column B of the DMI or 5N provides a link to a separate webpage listing the first hold list of acceptable documents that a consumer may upload to resolve the OM or 5N, the Entity must also a odd the URIs to be indistink cragacy for each respective DMI or 5N, the Entity must also a odd the URIs to be indistink cragacy for each respective DMI and 5N.	- Any other screenshots that constitute the DMI or SVI educational content or					
Service of the servic			(as provided on the "DMI Document Types" and "SVI Document Types" tabs of this toolkit) to the webpage. The EDE Entity must provide explanatory text describing the URL as containing the official full list of acceptable documents. As HealthCare gov may change the	document upload functionality.					
The state of the s			1M alternativals: the PDF Feths was nominical link to the cracific webspace for certifion of a webspace on HealthCare are that nominifies the full list of accretable documents for that coacific Main VSV consistent with the "MM Document Times" and "SVI Document."						
A PROPER TO A PROP			Types" tabs. If the EDE Entity uses the alternative approach for displaying the full list of acceptable documents to resolve DMIs and SVIs, the EDE Entity must provide a link to the applicable section of the webpage for the specific DMI or SVI; the EDE Entity may not						
Service of the servic									
Exercise to the second of the			2) hor the second option, LDS bittless may include all DMM and by a discrational content, including the intil list of acceptable documents to relative bittless in and SMMs, on one weepage. The DE bittless may include all DMM and by a discrational content, including the intil list of acceptable documents to relative bittless in and SMMs, on one weepage. The DE bittless was not because the bittless in a discrete bittless and SMMs are set to the second smm and s						
Exercise to the second of the			procuments one water responsative varieties on the state of the state					İ	
Company			documents.					Ì	
Service and an extend and the story designed			Biodistrace (ASS has listed the DMI and SW documents in the "DMI Document Types" and "SW Document Type					Ì	
Service and an extend and the story designed	4	1	EE Edition must display information related to a consumer's or agent's produce shall be incoded estated to the consumer's application. EEE Edition must display information related to a consumer's or agent's produce estated to a consumer's application. EEE Edition must display this accordance and externation must be added decreament ended and externation of the superior and extern	The Auditor must provide screenshots for this messaging for each applicable DMI with the following:					
A CONTRACTOR CONTRACTO	1			- A screenshot demonstrating the EDE Entity's display of the required messaging, with				Ì	
Service of the control of the contro			in measuring (mass at a minimum include one inclowing information, with organization communities, and included one inclowing information, with organization communities and organization of the communities and included one inclowing and included organization organization of the communities and included organization organization of the communities and included organization organization of the communities and included organization organization organization of the communities and included organization organization of the communities and included organization orga	Immigration, Income, and SSN).					
	1							Ì	
Services of the control of the contr									
Services of the control of the contr		Eveloia to	Nate: This messaging does not replace the DMI document upload and status page messaging required by Requirements 2 and 3 above.	The Auditor days and acod to submit any consentate or acidoses of this consistence.					
Services of the control of the contr	,	Consumers They Will	In continues about the health Care agos to address their medics. Definition and the continues is not under the health Care agos to address their medics. Definition and the continues are not under the health Care agos to address their medics. Definition and the continues is not under the health Care agos to address their medics. Definition and the continues is not under the health Care agos to address their medics. The continues agos to address their medical	but must evaluate the EDE Entity's compliance with this requirement.					
Part		HealthCare.gov	and other communications.						
With the state of		Communications							
Part   An of the control of the co	6	Phase-Specific	If an EDE Entity has implemented Phase I or Phase 2, the Auditor must confirm that the Ut 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,					
Fig. 1. The state of the state		Requirements	Including the first first contribution of the contribution of the first contribution of the firs	but must evaluate the EDC Entity's compilance with this requirement.					
Fig. 1. The state of the state	,	Concumer Scientific	Phase 3 finctuating presspective others exhange EOF Entities? Phase 3 FDF Entities are remained to support all use cases and application scenarios. The auditor must confirm that the UI does not include this disclaimer	The Auditor days and acod to submit any consentate or acidoses of this consistence.					
Service for the control of the principle and the pr		Communications and	may be imparmissible. Auditors must describe any discrepancies with the below guidelines as findings for this requirement.	but must evaluate the EDE Entity's compliance with this requirement.					
SCHOOL Name that the standard specific time and the standard s		Throughout the EDE	- EDE Entities may describe the premium tax credit as a premium tax credit, advance premium tax credit, tax credit, tax credit, to subsidy. EDE Entities must not describe the premium tax credit as a discount.						
Selection of the Select		End-Oser Experience	- Dic Emiries may select out-seating resocition as cois-charing resocition or residence cois-charing.  - DE Emiries may refer to data matching resocition as cois-charing resocition or estimate resolution of eligibility results; or document upload action items.						
Company			- EDE Entities may refer to the Federally-facilitated Exchanges as HealthCare.gov or the Marketplace.						
Company of the comp			- EDE Entities must not use acronyms in the UI (e.g., APTC, CSR, DMI, SVI, SEP, QHP, EDE, NPN, HC. gov).						
The fact that was about to the first your first contract contract and the part of the part			- EDE Entities must not display API values in the UI (a.g., displaying status codes pulled directly from the API).  - EDE Entities must not display the date format consistently access their entire EDE end-user experience. Accessable date formats are MM/DD/YYY or YYY/MM/DD.						
The fact that was about to the first your first contract contract and the part of the part	8	Post-Eligibility Application	EIDE Entitiss must provide account menagement functions for consumers (e.g., ways for consumers to take action on action insm. update application information, report life (shanges, make updates to an enrollment, etc.). In order to support consumers with these account management functions, EIDE entities must provide an application or no enrollment must have included, but is not limited to, functionally to account for the followings action insms the consumer mented to take; the status of and ability to account for the followings action insms the consumer mented to take; the status of and ability to account for the followings action insms the consumer mented to take; the status of and ability to account for the followings action insms the consumer mented to take the status of and ability to account for the followings action insms the consumer mented to take the status of and ability to account for the followings action insms the consumer mented to take the status of and ability to account for the followings action insms the consumer mented to take the status of and ability to account for the followings action insms the consumer mented to take the status of and ability to account for the followings action insms the consumer mented to take the status of and ability to account for the followings action insms the consumer mented to take the status of and ability to account the status of the status of a sta	The Auditor must submit a screen recording (or several recordings) demonstrating the EDE Entity's dashboard, including where a consumer would be able to access the					
The fact that was about to the first your first contract contract and the part of the part		Communications	upload documents to recolve DMs and SMs; the status and action terms for SBPs and the Open forcellment Period (DPP); notices generated by the FFE; and application and enrollment status, including details about the consumer's (JPP. Additionally, after enrolling the consumer's DEP control of Care and SMP); and the consumer's DMS and special control of Care and SMP. Additionally, and the consumer's DMS and period clears, consumerations (FIGL) or support and consumers and service and s	account management functions detailed in the requirement (in column C). Such as, how to navigate to sections within the UI. The video can include branching off of this					
Recommendation   Type   The Section   Type   The Section   Type			the CEP.	page, navigating to subsections/links within the dashboard.					
Recommendation   Type   The Section   Type   The Section   Type			IEE Entities have flexibility in how they implement the account management functions within the LL and integrate the various requirements in this toolkit as long as their implementation is otherwise consistent with the specific standards described in this toolkit and includes from including the consumer the reminder more second and includes from includible to another the reminder more second.	The file format for video files should be MP4.					
In the factors that the delivery of states in the entire sequence to the control of the control									
See 100 feeting way reference the for "by Accounted Messageing for Notices apen" to reconstruct the post of Notices and Part See 100 feetings and see 100 fe	9	1	In addition to the display of states information (e.g., related to the application), see, related to the application, etc.) in the application and errollment functional provide in the display of states information (e.g., related to the application).	The Auditor must verify that EDE Entity's EDE implementation is providing status				1	
See 100 feeting way reference the for "by Accounted Messageing for Notices apen" to reconstruct the post of Notices and Part See 100 feetings and see 100 fe			Immormation to assist communes, with more management of their applications and coverage. These communications include, but are not limited to, the status of DNIst, and SNIs and a link to the document updoed page where they may be resolved, the availability of SNIs, the milling of the moticing expenses and the status of applications and entertiments. This information must be communicated in the DEE Entiry to the DEE Entiry to the Communication and the status of applications and entertiments.	repairments as it relates to the status of their application, eligibility, enrollment,				İ	
No. 4 and display high and displays produced specially produced specially produced and positive produced and	l			notices, and action items the consumer needs to take and verify that the EDE Entity's				Ì	
No.   The state of the process of the state of the process of th	l		The EE Entity may reference the file "My Account Messaging for Notices pdf" to review Health Caregor's messaging for notices. This file is stored in the Business Audit Report Template and Toolkits op folder.	time.				Ì	
The first and explain fair from the plant of applicity makes to application produced by the plant of application of the plant of the post				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.					
1 Comparison must take for any application with the far any application of the comparison of the far any application of the comparison of the far any application of the comparison of the far any application of the comparison of the far any application of the comparison of the far any application of the comparison of the compar	10	1	The Ut must display high-level eligibility results, next steps for enrollment, and information about the following for each consumer: program eligibility, DMS, SEPs, SVIs, and enrollment steps in a clear, comprehensive and consumer-friendly way. At a minimum, DM	The Auditor must submit screenshots of the eligibility results page that demonstrate				1	
1 Comparison must take for any application with the far any application of the comparison of the far any application of the comparison of the far any application of the comparison of the far any application of the comparison of the far any application of the comparison of the far any application of the comparison of the compar			Enrows min copyring per consumer, years estigibility for the following: Markeptace plans, advance payments of the premium tax credit (Payl), cost-sharing reductions (CSRs), Medical/Children's Health Insurance Program (CINH), and SSPs, as well as display whether any SNs and Other social the expectacion of Uniformity (Especialistic Uniformity (Especialisti	me mgn-rever eligibility results detailed in column C.				Ì	
12 DECENTION AND ADDRESS AND A			consumers must take for any applicable DMIs and SVIs, consistent with the descriptions of those next steps in Requirements 25 through 29.					Ì	
12 DECENTION AND ADDRESS AND A	11	1 1	THE Facilities chould not flow in the high faced managinary on the all shall be considered as a contract of a contract of the	The Auditor does not need to submit any screenshots or evidence of this requirement,				1	
12 DECENTION AND ADDRESS AND A	1		slights and is not restricted to their current plan by Plan Category Limitations and APIC allocation, accordingly. This applies whether the amount of APIC the consumer is eligible for changes or not. The EDE Entity must provide clear, consumer-friendly instructions of the sets necessary to modify the consumer's CPIC diseason.	but must evaluate the EDE Entity's compliance with this requirement.				Ì	
To all ordinary, including the SEQ (Effective and compared are to a compared as a compared of the secondary of the compared are to all ordinary including the secondary of the compared are to all ordinary including the secondary of the compared are to all ordinary including the secondary of the compared are to all ordinary including the secondary of the secondar	12	1	DEC Entities must provide consumers with the most recent CMS-provided Eligibility Determination Notices (EDNs) generated by the PET any time they submit or update an application pursuant to requirements provided by CMS. IDE Entities must provide the EDN in a	The Auditor must verify that the EDN is accessible to the consumer in the UI. The				1	
For all radices, including the DEX (DEX finitions in multiple reportance) and the processing of the pr			downloadable format in the Ltt at the time the consumer's application is submitted or updated.	Auditor must verify that the EDE Entity has a process for providing consumers with a downloadable EDN in the UI and for providing access to a current EDN via the APR					
Exposition for the control for secretary (Exp. case) are an interview of the control for the c	13	1		The Auditor must submit screenshots of the EDE Entity's display of notices for consumers, including the display of SM or DMI notices, an EDN and historical access.					
In the late for providing across to octobring, we did find you draw provided a link to the development option age for recipiting particul beautiful provided a link to the formation must be of dearly provided a link to the formation must be of dearly provided a link to the formation must be dearly provided a link to the formation of the formatio				to previous notices (i.e., at least two notices of the same type with a preceding version of the notice shows as well as the research and an emission of the notice shows as well as the research and an emission of the research and an emission of the research and a second as the research and a second as the research and a second as the research and a second as the research and a second as the research and a second as the research and a second as the research as the research as the research as the research and a second as the research as t					
In this Consume.  In the El Consume for the Universe the Consumer can opland dispensation from the Consumer or Appendix for the Cons			consumer or agent before tested to the control, the control of the	creation of a particular DMI and an expired notice for the same DMI).					
Information when the contract of the CEI Contr			In the U. Tor providing access to notices, the EDE Entity must provide a link to the document uploud pages for resolving action items. CMS allows Resibility in how an EDE Entity implements this requirement, however, the consumer must be clearly provided a link to						
Information when the contract of the CEI Contr	14	Refresh Consumer	tens recursions werein mercula water are consument can improve occurrents to receive an action itsen.  The DEE Entity manuferishes the information including the deep, got formillens, and Media Data Search APIs, when the consumer or Agent/Broker revisits the DEE Entity's EDE environment to determine if there are new notices and information that should be made	The Auditor does not need to submit any screenshots or evidence of this requirement.				1	
Section Translation That Effi drifty must be added an opportunity of the control of the production of		Information when They Revisit the EDE	available to the consumer.	but must evaluate the EDE Entity's compliance with this requirement.					
consource clicks to the ables to when their OI in Spanish.  Upon completed and CAMS's review of the BER Editity's communication requirements in	15	Spanish Translation	The EDE Entity must branslate the critical communications content identified in this isolibit (e.g., communications informing consumers of their application status or action lews; critical communications that the consumer will no longer receive from the Exchange,	The Auditor must include a screenshot(s) of how the consumer navigates to the				1	
consource clicks to the ables to when their OI in Spanish.  Upon completed and CAMS's review of the BER Editity's communication requirements in	l		and any other critical communications that the DEE firity is providing to the consumer in relation to the consumer's use of its. EDE pathways juvino any non-English language that is spoken by a limited English proficient (IEP) population that reaches 10 percent or more of the population of the relevant states, a determined in cigalization pathicies by the Secretary of the EF firity plans to offer the EFE pathway for consumers in Towars, the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars, the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars, the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars, the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars, the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars, the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars, the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Towars the Auditor must virily that the EFE firity Plans to offer the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers in Toward the EFE pathway for consumers	Spanish-language website to satisfy the website display requirement to inform individuals of the availability of the services to support limited English proficiency				Ì	
Open completion of CMS's review of the BEB Entity's communication requirements in			the critical communications content outlined in this toolikit is compliant with the outlined requirements.	(LEP) (e.g. website translation). For example, this could be a screenshot of the button a consumer clicks to be able to view their UI in Snanich				Ì	
And the Add the control of the Contr	1			Unon completion of CMS's review of the FDF Entity's communication requirements in				Ì	
15 OCCUP TO THE Effective control special production of the second control is a local production of the second control in the second control is a local production of the second control in the second control is a local production of the second control in the second control is a local production of the second control in the second control is a local production of the second control in the second control is a local production of the second control in the second	1			Control Carlot City Control Control Carlot Control Con				Ì	
Interpretation in Autorities of the Conference o	16	Set Clear	The EDE Educational Content is a list of discrete questions and answers that an EDE Entity must display in the UI. For each education requirement listed below, an EDE Entity must use the exact Language provided in its UI. If an EDE Entity wishes to modify the	The Auditor must review the EDE Educational Content Listed below (requirements 18-				1	
Services Ser	1	expectations & Awareness of	sengousep proviouse, it must request approval. Auditors should refer to the Bosiness Report Template and Tootsits Windop This for additional Spanish Content.	Any and commit the EDE Entity correctly displays all required content, if applicable. The Auditor will confirm the EDE Entity uses language identical to the requirements.					
					i .		i .	1	

Part								
Marian	Requirement High-Level Description of EDE Entity Communications	Communication Requirement for IDE Britishs	Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Auditor Compliance Conclusion**	flisk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
Marian	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					
Marian		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					
Marian	18	htroduction:	hy the consumer in the FDF enduser experience					
Marian	19	Here at linear EDE (Instry, Name), we nort with the Health Insurance Marketelace to help you set health coverage. What's the Health Insurance Marketplace?						
Part		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						
Marian	20	Are there benefits to getting health insurance through the Marketplace?	"Learn more about what Marketplace plans must cover," must hyperlink to more					
Part   Part			hyperlink to HealthCare.gov (https://www.healthcare.gov/coverage/what-marketplace-					
Maria   Mari	21	How do I apply for and enroll in coverage?	Cite					
Marian   M	22							
Part   Part		was in a regulation and learn that spoke eligible for coverage through Medicaid or CHIP, the Marketplace will a utomatically send your information to the state agency that runs these programs. We'll give you an eligibility notice with more information.						
Maria	23	Now will get notice?  The product of the product of						
	24	seed of purple theory. Control improvement information that would not use an information and with information and with any following and information and with any following and information and with any following and information and with any following and information and with any following and information and with any following and information and in						
Part		We can help most people with their application 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.						
Part		instructions for ECE Entities: ECE Entities must display the following educational content (requirements 16-29) 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 increase entitles in its III for IRF of Entity wishes to more entitled in the UI for IRF of Entity wishes to more entitled to the UI security of Entity wishes to more entitled to the UI security of Entity wishes to more entitled to the UI security of Entity wishes to more entitled to the UI security of Entity wishes to more entitled to the UI security of Entity wishes to more entitled to the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entitled the UI security of Entity wishes to more entities and the UI security of Entity wishes to more entitled the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI security of Entity wishes the UI sec	For any requirement that requires an EDE Entity to insert its own instructions for completing an action or for any III elements used to complement those instructions					
Part   Part	Consumers							
Part		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 connection or transfer necessary to facilitate the display of this information on an upstream EDE Entity's						
Part   Part		website must be disclosed in an IEE Entity-initiated Change Request and a copy of the primary EDE Entity's ISA Appendix B. Please refer to the EDE disclosed in an IEE Entity initiated Change Request and a copy of the primary EDE Entity was a few more affected in the Entity was a few more information. If an upstream EDE Entity while so implainment the language in these requirements—and more generally, any impagage of inclinationally described in this books for in the EDE Entity impact day of one of the proposed implementation to CSA via an IDE Entity-instituted Change Recognition.						
Part	1 1		must not simply direct the consumer to log in to their account.				Ī	
See the second s		In the part of the second control of the control of						
Part   Part	26	refer to the DE API Specifications for more information and required language to display.	After the consumer has confirmed their plan selection, if the FFE has generated an SVI.				1	
See Language of the Control of the C	1 1		but no DMIs, for the consumer, EDE Entities must display this text.					
See In the season of the seaso	1 1							
A	1 1	What should 1do now?					Ī	
Residual for the control of the cont		1. You must submit documents to the Markeplace for [insert presents] and SN1 types by [insert deadlines]. To do this, [insert EDE Entity's instructions].  3. Which for a submission that our country of the Market Annual Conference of Annual Conference on the Conference of Annual Conference on the Conference of Annual Conference on the Conference of Annual Conference on the Conference of Annual Conference on the Conference of Annual Conference on the Conference of Annual Conference on the Confer	The deadline for each SVI must be a full date (i.e., month, day, and year).					
Less of the control to the control t		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].						
Registration of the control of the		Node: Remember that you can't start using your coverage until the Marketplace reviews your documents and confirms your information, and you pay your premium.	FFE has generated at least one SVI.					
Selection of the select		Expect communications from us and from the Marketplace. When you hear from HealthCare.gov:						
Southern Language and any offer and printing state part and state and stat		- HealthCare gov may send you notices and communications about your coverage. Lor in to your account with us to view your Marketolace notices, make updates to your application or coverage, and manage your information.						
Section of the continue to t		- Upload documents through juriser EDE trifty's name), We can help you submit documents in the Marketplace needs to confirm your information.  - Download forms, you'll need when you file your finderal income tax entern.						
Section of the continue to t		What if I need to undate my information later?						
A Part of the Control	22	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, linsert EDE Entity's instructions.						
In this time to two reference inductions continued.  If the standard is continued in the standard is the standard is standard in the standard in the standard is standard in the standard is standard in the standard is standard in the standard is standard in the standard in the standard is standard in the standard in the standard is standard in the standard in the standard is standard in the stand		Dark furnitures Confirmation many contest for a consumer who has an DU - DEED	After the concurred by confirmed their also relection if the EEE by researched on CVI		3			
We want and and and and and and and and and and	<u> </u>	[Post-Enrollment Confirmation page content for a consumer who has an SVI + DMe]	After the consumer has confirmed their plan selection, if the FFE has generated an SVI and a DMI for the consumer, EDE Entities must display this text.		1			
Supplies to a section of the content of the conte		[Post-Enrollment Confirmation page content for a consume who has an 901 o DMI]  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.	and a DMI for the consumer, EDE Entities must display this text.  When the EDE Entity provides a list of SVIs and DMIs, the EDE Entity may deviate from		1			
A Style grown and style or any original to strong style and style common and style or a style style common and style or a style style common and style or a style style common and style or a style style common and style or a style style common and style or a style style common and style or a style style common and style common and style style common and style style common and style style common and style style common and style style common and style style common and style style common and style style common and style		Proc. Extendent Confirmation page content for consumer who has as \$10 + 0.000.  This will be a second of the content of the content for a consumer who has as \$10 + 0.000.  This will be a second of the content of the	and a DMI for the consumer, EDE Entities must display this text.  When the EDE Entity provides a list of SVIs and DMIs, the EDE Entity may deviate from					
Sheet an application of the Conting		[Place Londonian Confirmation page centeral for a consumer who has as \$10 + 0.00]  Third is chains a plan. The case start using your halfs (coverage after you submit documents and the Marketplace confirms you're eligible to arroid through a Special Enrollment Period. The scorar you submit documents, the scorar your coverage can become active like the form on the first information about most tipes.  Whith should find near?  "The most started for several"  "The comment when for documents to the Marketplace for jieses person(s) and 50 tipes (by piezer deadlines,) To do this, jieses (200 Enrolly instructions).	and a DMI for the consumer, EDE Entities must display this text.  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 Entity may use a bulleted list or a table.					
Later required transmits the Management transmits and the Management of the Special Conference o		Plant Survive Chairs a pile, not can start suiting on the force owner whe has a Sir it 26M,  which we have a pile in a cast start suiting on the force owner when you submit documents, the sooner your coverage can become active.  Since the owner information about not store.  Which should for some information about not store.  **The manufacture of the sound of the soun	and a DMR for the consumer, IDE Entities must display this text.  When the IDE Entity provides a list of 91's and DMRs, the IDE Entity may deviate from the format providenters for example, the IDE Entity may use a bulleted list or a table.  The deadline for each SVI and DMR must be a full date (i.e., month, day, and year).  The Auditor must provide screenshoo of this page for a text consumer for whom the					
Forcing the special part property genging.  Forcing the special part property genging.  Forcing the special part property states and part and influence states and part and influence states and part property states and par		Plans Conference Conference conference page content for a conserve who has a pair, you can start sailing from the American page content for a conserve who has a pair, you can start sailing from the American page content for a conserve page under the conserve page content for a conserve page under the conserve page un	and a DMR for the consumer, IDE Entities must display this text.  When the IDE Entity provides a list of 91's and DMRs, the IDE Entity may deviate from the format providenters for example, the IDE Entity may use a bulleted list or a table.  The deadline for each SVI and DMR must be a full date (i.e., month, day, and year).  The Auditor must provide screenshoo of this page for a text consumer for whom the					
Part   Part		(Plans Condense Confirmation page content) for a consume who has a SN ir 2006.  If you was to the consumer is a constraint inging on the history age they no submit documents and the Markeighan confirms you've eligible to seroll through a Special foruitiment Avried. The scorer you submit documents, the coloner your coverage can become active.  The contractive contractive submit submit contractive submit submit submit contractive submit s	and a DMR for the consumer, IDE Entities must display this text.  When the IDE Entity provides a list of 91's and DMRs, the IDE Entity may deviate from the format providenters for example, the IDE Entity may use a bulleted list or a table.  The deadline for each SVI and DMR must be a full date (i.e., month, day, and year).  The Auditor must provide screenshoo of this page for a text consumer for whom the					
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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/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/https://www.help/how-do-i-resolve-an-inconsistency/https://www.help/how-do-i-resolve-an-inconsistency/https://www.help/how-do-i-resolve-an-inconsistency/https://www.help/how-do-i-resolve-an-inconsistency/how-do-i-resolve-an-inconsistency/how-do-i-resolve-an-inconsistency/how-do-i-resolve-an-inconsistency/how-do-i-resolve-an-inconsistency/how-do-i-resolve-an-inconsistency/how-d

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		Document Uploa	d Menu Language		
DMI Type	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.		
	· 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)	Certificado de Naturalización (N-550/N-570)		
	· 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				
	o Documents on tribal letterhead signed by a tribal official				
	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	<ul> <li>U.S. Citizen Identification Card (I-197 or the prior version I-179)</li> </ul>				
Cruzensinp	· 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				
	<ul> <li>U.S. life, health, or other insurance record showing U.S. place of birth</li> <li>Religious record showing U.S. place of birth recorded in the U.S.</li> </ul>				
	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)				
	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				
	<ul> <li>U.S. military card or draft record or military dependent's identification card</li> <li>U.S. Coast Guard Merchant Mariner card</li> </ul>				
	Voter Registration Card				
	A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old)				
	<ul> <li>2 documents containing consistent information that proves your identity, like employer IDs, high school and college</li> </ul>				
	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)		
	<ul> <li>Machine Readable Immigrant Visa (with temporary I-551 language)</li> </ul>	· Employment Authorization Card (I-766)	· Tarjeta de Autorización de Empleo (I-766)		
	· Temporary I-551 Stamp (on Passport or I-94/I-94A)	Machine Readable Immigrant Visa (with temporary I-551	· Visa de Inmigrante Legible por Máquina (con temporal I-		
		language)	551 lenguaje)		
	· Foreign passport	Temporary I-551 Stamp (on Passport or I-94/I-94A)	Sello de I-551 temporal (on Passport or I-94/I-94A)		
Immigration status	· Arrival/Departure Record (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)	· Arrival/Departure Record in foreign passport (I-94)	· Registro de Llegada/Salida en pasaporte extranjero (I-94)		
	<ul> <li>Certificate of Eligibility for Nonimmigrant Student Status (I-20)</li> <li>Certificate of Eligibility for Exchange Visitor Status (DS-2019)</li> </ul>	- Other	· Otro		
	· Notice of Action (I-797)				
	<ul> <li>Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada</li> </ul>				
	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)		<b>,</b>		
I	· Office of Refugee Resettlement (ORR) eligibility letter (if under 18)	1	l		

		Document Upload	Menu Language		
DMI 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 m			
ын туре	ruii usis di Acceptable boculiients	(columns C and D). Examples of document types are provided on the Requirements 2 and 3 on the Requirements 2 and 3 on the Requirements 2 and 3 on the Requirements 2 and 3 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		
	<ul> <li>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.</li> </ul>	Pay stub documentation	· Talón de pago		
	<ul> <li>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).</li> </ul>	· 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		
	<ul> <li>Social Security Administration Statements (Social Security Benefits Letter). Must contain first and last name, benefit amount, and frequency of pay.</li> </ul>	- Other	- Otro		
	<ul> <li>Unemployment Benefits Letter. Must contain your first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).</li> </ul>				
	<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. 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.]				
	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 <b>all</b> 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:				
	<ul> <li>Annuity statement</li> <li>Statement of pension distribution from any government or private source</li> </ul>				
	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				
1	· Pay stub indicating substitute/assistant pay				
I	Pay stub indicating vacation pay				
I	· Proof of residuals	l	l		
1	. Tour of restroying	ı			

		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 recognized tribe	English Document Type Menu List:	Spanish Document Type Menu List:
	Document issued by Bureau of Indian Affairs (BIA) recognizing you as American Indian/Alaska Native	Tribal Enrollment / Membership Card	· 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
	Document issued by Indian Health Service (IHS) showing that you were/are eligible for IHS services as an American Indian/Alaska Native	· 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
	· Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaska Native shareholder status	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 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:
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:	Spanisn Document Type Menu List:

		Document Uploa	d Menu Language
<b>DMI Туре</b>	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 t to Requirements 2 and 3 on the Req	he UI on screen with a link to a full list of documents. Please refe
		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		
No coverage through:	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:		
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		
	o Medicaid Demonstration Projects that cover a limited range of benefits		
	<ul> <li>Medicaid coverage for "medically needy" individuals whose income is too high for traditional Medicaid and</li> </ul>		
	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 Marking of Club and the coverage of the Club and the coverage of the Club and the coverage of the Club and the coverage of the Club and the coverage of t		
	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
	<ul> <li>Letter or statement from TRICARE that shows the expiration or un-enrollment date of previous health coverage</li> </ul>		
	<ul> <li>Letter or statement from TRICARE that confirms ineligibility for health coverage</li> </ul>		
	Letter, statement, or other document indicating a life change event (like divorce) that would make you or a family member		
	ineligible for TRICARE coverage		
	<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</li> </ul>		
	programs, you may be able to continue your Marketplace coverage with help paying for coverage:		
N= C	o TRICARE Plus		
No Coverage Through: TRICARE	o Direct care		
INICANL	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 infinited to space-available care in a facility of the uniformed services for individuals excluded from TRICARE coverage for care from private sector providers.		
	What if I don't have any of those documents?		
	Vou con submit a latter describing who was a TRICARS		
	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		
	on the upload screen in the application.		
		English Document Type Menu List:	Spanish Document Type Menu List:
	Submit this document if you need to confirm that you don't have coverage through the VA:		
	Submit this document if you need to confirm that you don't have coverage through the VA:	· Letter from VA	· Carta del VA
	Submit this document if you need to confirm that you don't have coverage through the VA:		
No Coverage Through:	Submit this document if you need to confirm that you don't have coverage through the VA:  Letter from the VA that shows the expiration date of previous health coverage	· Letter from VA	· Carta del VA

		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-incp.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:	Spanish Document Type Menu List:
		· Social Security card	Tarjeta de seguro Social
	Control Convertion and	· Tax form(s)	Formularios de impuesto(s)
	<ul> <li>Social Security card</li> <li>1040 Tax Return (federal or state versions acceptable)</li> </ul>	Benefit or income statement     Other	Declaración de beneficios o ingresos     Otro
	<ul> <li>W2 and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)</li> </ul>	· Other	. 000
	W4 Withholding Allowance Certificate (federal or state versions acceptable)		
Social Security Number	1095 (includes 1095A, 1095B, 1095C)     Pay stub documentation		
Social Security Number	Social Security Administration documentation (includes 4029)		
	Military record		
	· U.S. Military ID card		
1	<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.	https://www.neartricare.gov/neip/prove-coverage-ioss/	Tittps://www.cuidadodesaidd.gov/es/Tielp/prove-coverage-ioss/		
	documents in cens c1 and b1.	Document III	Noad Manu Language		
SVI Type	Full Lists of Acceptable Documents	Document Upload Menu Language  Note: HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the mac (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 r			
		to Requirements 2 and 3 on the Requirements 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.				
	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/]				
	<b>IMPORTANT:</b> Upload or mail documents as soon as possible. If you don't submit documents by the deadline, you won't have Marketplace coverage.				
	- Find out how to upload: [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/how-to-upload-documents/] - Get the mailing address: [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.	Health care program document	Documento del programa de cuidado de salud		
	A letter from an employer, on official letterhead or stationery, that confirms one of these about you or your spouse or dependent family member:	Pay stubs	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		
	That your employer changed or will change coverage or benefits, and your coverage will no longer be 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:	Letter of explanation	Carta de explicación		
	Your employer's offer of COBRA coverage along with the date this coverage would start.	Other	Otro		
	Your COBRA coverage ended or will end, or your employer stopped or will stop contributing to the cost of coverage and when.				
	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	You can also submit any of the documents in the list below. However, these documents may include only				
(https://www.healthcare.g /help/prove-coverage-loss					
,cip, prove-coverage-ioss	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				
I	which shows that the deduction ended in the past 60 days.	I			

		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	

ligh-Level Description of EDE Entity	Communications Requirement for EDE Entitles	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					
	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	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					
		EDE end-user experience.					
et Clear Expectations & Awareness of							
 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 (CHIP, por sus siglas en inglés). El sitio web oficial del Mercado es Cuidado De Salud sov						
		"Obtenza más información sobre lo que deben cubrir los planes del					
	¿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 para avudarle a reducir sus primas mensuales y ahorrar en eastos de bolsillo con deducibles y	Mercado." must hyperlink to more information that describes					
	to conservation were an extra martin and a deben cubir of mismo conjunt of several as primas para a you are a record to primas mercane to a conservation and the conservation of the conse	Marketplace plan requirements. This can either be a direct hyperlink to					
	copagos mas objectivos. Fotos los parales den vercado deben cualmen mismo conjunto de penetrodos esenciales, microales, interior a a territorio preventora, a vivisas a interiorio, has tectos y los servisas parales de vercado deben de preventora, a vivisas a interiorio, has tectos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisa de preventora, a vivisas an mentos y los servisas de preventora, a vivisas an mentos y los servisas de preventora, a vivisa	HealthCare.gov (https://www.cuidadodesalud.gov/es/coverage/what-					
	aue comerciara su cobertura. Obtenes más información sobre lo que deben cubrir los alenes del Mercado.	marketplace-plans-cover/) or the EDE Entity can provide this same type of					
		information on their own site.					
	¿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 De Salud.gov y le informaremos sobre los programas y ahorros para						
	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 administra estos programas. Nosotros le daremos un aviso de elegibilidad con más información.						
	administra estos programas. Nosotros le garemos un aviso de elegiplilidad con más información.  Izómo resplisá avisos?						
	¿Como recourse avisos? Incluso si usted se inscribe en una cobertura a través de finserte el nombre de la entidad EDEL usted aún recibirá información directamente del Mercado. Espere recibir avisos del						
	incluso si usted se inscribe en una copertura a traves de jinserte e i nombre de la entidad LEL, justed aun recluiora información directamente del merciado. 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						
	merciado de seguiros medicos por correo postar y correos efectoriscos de condidados associados estas entre con cualquier acerca associados estas entre con cualquier acerca associados contratos por que entre entre minima con importante que solo obtendará del Mercado de Securos Médicos. Nosotros podemos avudarás con cualquier acercación de securimiento que deba tomar, incluidas las seticiones de						
	importante que son outenina del mercado de seguros medicos, resolutos podemos ayodane con cualquier acción de seguimento que deda comar, incididas las periciones de Cuidado Desalud, gov.			1			
	/ Oué pasa si me redirigen a Cuidado De Salud, goy?						
	Nosotros podemos avudarle a la mayoría de las personas con las solicitudes e inscripciones directamente en nuestro sitio. Si necesitamos redirigirlo a Cuidado De Salud. goy para						
	completar su solicitud. le guiaremos con todo lo que debe hacer y le avudaremos de principio a fin.						

Reminement	High-Level Description of EDE Entity	Communications Readrement for IDE Entities	Document Submission Regularements and Additional Notes to EDE Entities Auditor Compliance Conclusion** Risk Level**	Risk Mitigation Strategy** Estimated Resolution Date** Auditor Comments**
	Communications Requirements		and Auditors	
25		Instructions for IDE Entities: IDE Entities: EDE 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 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.	instructions for completing an action or for any UI elements used to complement those instructions (e.g., error messages), the EDE	
		il a primary EDE Estity is integrating its EDE platform with an upstream EDE Entity's QHIP shopping platform, the post-enrollment confirmation communication in the UI must still be implemented consistent with the following requirements 24-29). This information may be displayed on the	comparement mode instructions (e.g., error messages), the cut Entity must crowide a pecific.consumer-friendly directions. For	
		as primary to county in any partner to the primary to CE childy's website as a post-enrollment confirmation page, but any data connection or transfer energy to the information on an upstream DDC Entity's website as a post-enrollment confirmation page. but any data connection or transfer energy to scientifie the display of this information on an upstream DDC Entity's website as a post-enrollment confirmation page.		
		must detail and provide evidence of the proposed implementation to CMS via an EDE Entity-initiated Change Request.	provide either a direct hyperlink or clear navigation instructions to	
			the specific webpage or location in an account dashboard where	
		Note: It is least one member of the household attented for receiving, an Individual Coverage HEA (DICRA) or Qualified Small Employer HEA (SECHIA) on their eligibility application, after the consumer has completed envelopment, the Intity most deplay member language (on the eligibility results page and/or as part of the envelopment confirmation (nameunication language described in these resignments) that the consumer was needed to consume has sended for in the sender page. Please refer to the OLAT Spacification, Appended & For more interesting and language to the envelopment of the sender page. Please refer to the OLAT Spacification, Appended & For more interesting and language to the envelopment of the sender page. Please refer to the OLAT Spacification, Appended & For more interesting and language to the envelopment of the sender page and the sender page	the consumer can complete a specific action. The EDE Entity must not simply direct the consumer to log in to their account.	
		part or the enterment communication singlauge described in these requirements; that the consumer was need to notify their employer that the consumer has enrosed in neurospace coverage. Please need to the UK API Specifications, Applicat F for more intermission and required singlauge to	not simply direct the consumer to log in so their account.	
26 (SVI only)	Post-Enrollment UI Communication	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 Periodo de Especial de Inscripción. Cuanto antes usted envie los documentos, lo más	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 debe bacer abons? L. blade debe muste documentos al Mercado para linsertar cenonaís i visoós de SVII para el linsertar fechas limitel. Para bacer esto. linserte las instrucciones de la entidad CDCI.	When the EDE Entity provides a list of SVIs, the EDE Entity may	
		2. Esté atente a un avis con los resultados de la revisión de sus documentos para parte del Mercado. Usted puede acceder a sus avis on del Mercado mediante (inserte las instrucciones de la entidad CDC).	deviate from the format provided here; for example, the EDE Entity	
		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 jinsente las instrucciones de la entidad EDE).	mayuse a bulleted list or a table.	
		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.		
			The deadline for each SVI must be a full date (i.e., month, day, and	
	1	Expere mensalps de nuestra parler y del Mercado. Casedo usted escuche de CuidedicDeSalud.gov: - Les sua avisos a correca el electricionis.	year)-	
	1	- use sus awases y correct electronicos Cuidadotos Salda 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	
1		Suba documents a taxis de la gestida de la estidad CDP, Pedemos a yudarie a enviar documentos si el minor do necesita confirmar su información.	consumer for whom the FFC has generated at least one SVI.	
1		- Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.		
1				
	1	(Qui gas ai necessio actualizar ni información más turde?  Si ustra di temo una combión de vida, como si se muda, cambian sus innessos o se casa, por favor délanos saber de inmediato. Para hacer esto, linserte las instrucciones de la entidad ICCI.		
27 (SVI and DR		Si usted liene un cambio de vida, como si se muda, cambian suo interesso o se casa, cor favor deluno suber de immediato. Para bacer esto, linestre las instrucciones de la entidad CCCI.  Una de la eligida com plan. Disted goude empezar a su ser su cobertura de alsul de ápsis de de que exvide i od occumentos, y el Mercado confirme que usted es elegible para intostira a través de un Periodo de Especial de Inscripción. Cuanto antes usted envié los documentos, y el mercado confirme que usted es elegible para inscribira es través de un Periodo de Especial de Inscripción. Cuanto antes usted envié los documentos, y el mercado confirme que usted es elegible para inscribira es través de un Periodo de Especial de Inscripción. Cuanto antes usted envié los documentos, y el mercado confirme que usted es elegible para inscribira es través de un Periodo de Especial de Inscripción. Cuanto antes usted envié los documentos, y el mercado confirme que usted es elegible para inscribira es través de un Periodo de Especial de Inscripción. Cuanto antes usted envié la despecia de Inscripción.	After the consumer has confirmed their plan selection, if the FFE	
27 (SWI and DR	"	usted as a segind our plant usted pushed empetar a user to codermate delayed enter los documentos y el mercado commine que usted es e reginde para inscripcine a traves de un rendod de expeciar de inscripcion. Cuanto ames usted enter los documentos, ro mas peneto que se extériar se codermate, vea a continuación para más información sobre los potembros pasos.	After the consumer has confirmed a their plan selection, if the PVC has reported an SVI and a DMI for the consumer. EDE findless	
			must display this text.	
		¿Qui debo hacer ahors?		
		1. Uhated debe enviar documentos al Mercado para [Insertar persona(s) y tipo(s) de XVI) para el [Insertar fechas (Inite), Para Anacera to, [Insertar las instrucciones de la entidad CDC].  2. Está intento su máis com los resputidos de la nevisida de su documentos por carie de Mercado. Usato que de acader a su avisso de la restructa instrucciones de la entidad CDC].	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	
		A case a sented a un avis com for resultation de la revision de la revision de la vision de la v	Entity may use a bulleted list or a table.	
		A region as plants are given as the control of the	sinty may use a deriver inside a debre.	
			The deadline for each SVI and DNI must be a full date (i.e., month,	
		¿Hay algo más que debo hacer ahora?	day, and year).	
		- Envise los documentos requeridos al Mercado para: (insertar persona(s) y tipo(s) de DMI) para el (insertar fechas límite). Para hacer esto, (inserta las instrucciones de la entidad EDE).		
		Su state Confirms to elegibilidad pass el Periodo Especial de inscripción y su cobertura ha comenzado, pero usted no envia estos documentos adicionales antes de las fechas limite enumeradas anteriormente, usted puede pender su cobertura de salud del Mercado y/o puede pender su cobertura del mercado y/o puede pender su cobertura del salud del mercado y/o puede pender su cobertura del salud del mercado y/o puede pender su cobertura del salud del mercado y/o puede pender su cobertura del salud del mercado y/o pued	The Auditor must provide screenshots of this page for a test consumer for whom the FFE has generated an SVI and a DMI.	
		percer is a plus maintens que esta recurerno o esta puede distrimión.	Consumer on whom one PTE has generated an AVI and a Cont.	
		Expere mensajes de nuestra parte y del Mercado. Cuando usted escuche de CuidadoDeSalud.gov:		
		- Lea sus avisos y comos a lestrónicos Cuidadoptisación de groupos de entrade axisos y mensajes sobre su cobertura. Ingrese en su cuenta con nosotros para ver los axisos del Mercado, actualizar su selicitud o cobertura y administrar su información.		
		- uneapout-assud got passe enviante assub y mensajes a core su conentra. Ingress en su cuenta con nostrotos para ser los assubs os este mercado, actualizar su secieto o conertura y administrar su información.  - Suba documentos a travis de liginante el monthe de la entidad CDD. Pedemos assudarles a enviar documentos su le informa su información.		
		- Security of the second section of the second section of the second section of the section of t		
		(Qué paus si nocesito actualizar mi información más tarde?		
28 (DMI only)		Fellodisdas  Usted se ha inscrito en una cobertura del Mercado a través de [Inserte el nombre de la entidad CDT].	After the consumer has confirmed their plan, if the consumer has	
1			DMIs, but no SVIs, the EDE Entity must display this text.	
1		(Qui dick) bacer abova? 1. Rapus van primara. Para hacer esto, (inverte las instrucciones de la existida CDI).	When the EDE Entity provides a list of DMIs, the EDE Entity may	
1		2. Envie los documentos requeridos al Mercado para: [insertar persona[s] y tipo[s] de DNE] para el [insertar fechas límite]. Para hacer esto, [inserte las instrucciones de la entidad EDE]. Si usted no envia estos documentos antes de las fechas límite enumeradas anteriormente,	deviate from the format provided here; for example, the EDE Entity	
	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	3. 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).		
1		Expere mensajim de nuerbra parte y del Mercada. Cuando usted escuche de CuidadoDeSalad.gov:	The deadline for each DMI must be a full date (i.e., month, day, and	
1		Expere mentalpis de naturita parte y del Mercado. Cuando usted escuche de CuidadoDeSalvaGev: - Les sus arvisos vocreros el extrôncios.	lacus)-	
1	1	- Cuidado De Salud, gov puede emiarle 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	
1		- 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 DMI.	
1		- Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.		
		/Out pass si necesifo actualizar mi información más tarde?		
- 1		Some para in incentive devication and interest in management in the control of th		
29 (no DMIs or	-	[Felioldades] Usted se ha Inscrito en una cobertura del Mercado a través de [inserte el nombre de la entidad EDE].	After the consumer has confirmed their plan selection, if they have	
SVIs)			no DMIs or SVIs, EDE Entitles must display this text.	
1		¿ Quá debo hacer ahors?		
1		- Pague sus primas. Para hacer esto, (Inserte las instrucciones de la entidad IDE).	The Auditor must provide screenshots of this page for a test consumer with no DMIs or SVIs.	
1		Expere mensains de nuestra aunte v del Mercado. Cuando ustral escuche de CaidadoCeGalud.cov.	consumer with no Livius or SVIs.	
	1	Sept to immension be indexed paired on the international Common desired excellent on C		
	1	- CuidadoDeSalud 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		- Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos.		
1		¿Quá pasa si necesifo actualizar mi información más tarde?		
			1 1	