

**Overview of Communications Toolkit**

**Purpose of the Communications Toolkit**

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

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

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

**Note on Draft**

All requirements are subject to change.

**Navigating Updates to the Toolkit**

N/A

**User Guide - Tabs**

Requirements	This tab displays EDE communications requirements.
DMI Document Types	This tab displays acceptable documents for each data matching issue (DMI) type.
SVI Document Types	This tab displays acceptable documents for each SEP verification issue (SVI) type.

**Tab: Requirements**

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

**Tab: DMI Document Types**

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

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<b>Tab: SVI Document Types</b>	
<b>Columns</b>	<b>Description</b>
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.

<b>Tab: Spanish Translation_Req.17-24</b>	
<b>Columns</b>	<b>Description</b>
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.
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<b>Tab: Spanish Translation_Req.25-29</b>	
<b>Columns</b>	<b>Description</b>
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High-Level Description of EDE Entity Communications Requirements	This column displays high-level descriptions of communication requirements.
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Auditor Comments**	This column is for Auditor use only.

## Communications Toolkit

### Purpose of This Toolkit

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

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

### Required Documentation:

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

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

### Tip:

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

### Note:

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

### Note:

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

### Note on Draft

All requirements are subject to change.

### Tabs for Auditor Review

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

### Audit Requirements by Tab

#### Tab: Requirements

In this tab, the Auditor must scroll to the right to complete the last five columns whose column headings are shaded in yellow or marked with "\*\*."

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

Columns	Description	How to Review
Risk Level**	Auditors must assign a risk level to each risk it identifies.	The Auditor must assign a risk level of "high" or "low" to each risk. High-risk issues may impact a consumer's eligibility determination, enrollment disposition or status, or legal attestation. High-risk issues may also greatly hinder the consumer experience or impact data collection (e.g., skipping a question that is required for an EDE Entity to ask, but optional for the consumer to answer). Low-risk issues are unlikely to affect a consumer's eligibility determination, enrollment disposition or status, legal attestation, experience (i.e., in a negative or confusing way), or data collection. <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	This column contains the required short list of document types for a DMI document upload menu drop-down list, as described in Requirement 2.	The Auditor must use this information to inform the audit for evaluating how the EDE Entity populates the DMI document upload drop-down menu consistent with Requirement 2.

**Tab: SVI Document Types**

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

**Tab: Spanish Translation\_Req.17-24**

Columns	Description	How to Review
Requirement	This column assigns a unique number for each requirement.	N/A
High-Level Description of EDE Entity Communications Requirements	This column displays high-level descriptions of communication requirements.	This column contains the high-level requirement categories for the Auditors to review.
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
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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
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High-Level Description of EDE Entity Communications Requirements	This column displays high-level descriptions of communication requirements.	This column contains the high-level requirement categories for the Auditors to review.
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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.

Requirement	High-Level Description of EDE Entity Communications Requirements	Communications Requirement for EDE Entities	Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Auditor Compliance Conclusion**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
1	EDE Entity Application Submission & Data Matching Issue (DM) Creation Communications	EDE Entities must send emails to the consumer to notify them that their application was submitted and whether they have any DMs. CMS currently sends two separate emails for the application submission and DM creation events, however, the wording and format of how the Entity communicates this to the consumer does not need to mirror CMS's current wording and format. The EDE Entity must reasonably communicate the content of these messages to the consumer such that the consumer is educated about the application submission and DM creation events in a way that is clear and consumer-friendly.  CMS has functionality that enables consumers to complete application submission when a trusted data source is not available (i.e. "synchronous submission" or "async processing"). For applications submitted when the IRS is unavailable and when IRS information is needed for income verification, the functionality flagging terms EDE will upon the application and complete income verification once the IRS becomes available. The consumer will then have annual income verified or an annual income DM created within 24 hours, and sometimes much sooner. EDE Entities are required to send the consumer an email to notify them if they have an Annual Income DM after async processing completes.  <b>Note:</b> When an application is submitted during "async processing" and other, non-income DMs are communicated to the consumer via the Entity's application submission and DM creation event emails, it's recommended to include content in those 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.  EDE Entities may improve these communications in contrast to CMS's approach based on their knowledge of the consumer (example: Combine the Submission Information & DM Creation information into a single message, leverage the user interface to reinforce key items to the consumer, etc.).	The Auditor must submit sample communications that the EDE Entity is using to communicate application submission and DM creation to consumers. This must include a sample for when an Annual Income DM is created after async processing completes. Additionally, partners must provide a screenshot of the issued EDP Annual Income Event (after async processing completes) from their logs that corresponds to the email communication.					
2	Document Upload Requirement, DM and Special Enrollment Period (SEP) Verification Issue (SVI) User Interface Display	EDE Entities must provide, for each DM and the test of qualifying healthcare coverage/Special Enrollment Period (SEP) verification issue (SVI), information specific to each DM and SVI type. On the document upload page, for each DM and SVI action item, EDE Entities must provide the following information: action item (ID/type of DM/SVI), deadline, premium (if applicable), description of action required, provide a drop-down menu for the consumer to select and upload documents for that DM or SVI as detailed below (this list must be specific to the DM or SVI type), tabs of the DM or SVI (based on UI), but covered from the tabs provided in the UI to a consumer-friendly status, and provide a way for the consumer to download any notices related to the DM or SVI (with a date and consumer-friendly ID for each notice) (please also review requirements 1.2 and 1.3 on this tab of the Toolkit). EDE Entities must also provide introductory educational content that describes, at a high level the purpose of uploading documents. As a minimum, this must describe to the consumer what they need to upload documents to the Exchange to provide proof of the consumer's information as provided on the application in order to complete that eligibility application and/or enrollment. As part of this content, the EDE Entity must also, as a minimum, list out the condensed list of document types available for the respective DM or SVI; this is required independent of the EDE Entity's chosen approach for displaying the full list of acceptable documents for a DM or SVI (as described later in this requirement). These condensed lists of document types are available in column C of the "DM Document Types" and "SVI Document Types" tabs.  The EDE Entity must also provide a drop-down menu for the consumer to select a document type to upload specific documents that may not be available to receive each DM or SVI. The required content for the drop-down is in column C of the "DM Document Types" and "SVI Document Types" tabs. If the EDE Entity lists multiple DMs and/or SVIs on each page, the EDE Entity must provide a unique document upload selection drop-down for each DM and SVI. The EDE Entity must not allow consumers to select document types that are not applicable for a DM or SVI as indicated in column C of the "DM Document Types" or "SVI Document Types" tabs.	The Auditor must provide screenshots for each DM and the loss of qualifying healthcare coverage SVI that includes the following: - Introductory educational content. - An unobstructed and complete view of the full document upload drop-down menu. - A copy of the EDE Entity's hyperlinked webpage having the full list of acceptable documents (if the Entity is using this option and not relying solely on HealthCare.gov). - A screenshot demonstrating the EDE Entity's display of the required messaging, with the EDE Entity's instructions populated for each of the applicable DMs (Citizenship, Immigration, Income, and SSI). - Any other screenshots that contribute the DM or SVI educational content or document upload functionality.					
3		In addition to the basic DM and SVI display detailed in Requirement 2, EDE Entities have two options for displaying the full list of acceptable documents for a DM or SVI, as displayed in column C of the "DM Document Types" and "SVI Document Types" tabs. In both cases, EDE Entities must provide the information included in the "DM Document Types" and "SVI Document Types" tabs for each respective DM or SVI. However, one option allows EDE Entities to display some content on a separate webpage. CMS will allow flexibility in the display of the full list of acceptable documents as long as the content from column C is accessible to consumers and consistent with the other standards in this requirement. The two options for displaying the full list of acceptable documents are as follows:  <b>1a</b> For the first option, after the introductory educational content, EDE Entities must provide a link to a separate webpage listing the full list of acceptable documents. That consumer may opt to receive the respective DM or SVI, as detailed in column C of the "DM Document Types" and "SVI Document Types" tabs. If the EDE Entity opts to create its own webpage listing the full list of acceptable documents for each respective DM or SVI, the Entity must also include the URL to HealthCare.gov for each respective DM and SVI (as provided on the "DM 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 full list of acceptable documents, EDE Entities must provide the URL to allow users to access the official full list of acceptable documents.  <b>1b</b> Alternatively, the EDE Entity may provide a link to the specific webpage (or section of a webpage) on HealthCare.gov that provides the full list of acceptable documents for that specific DM or SVI consistent with the "DM Document Types" and "SVI Document Types" tabs. If the EDE Entity uses the alternative approach for displaying the full list of acceptable documents to receive DMs and SVIs, the EDE Entity must provide a link to the applicable section of the webpage for that specific DM or SVI. The EDE Entity may not direct the consumer to the beginning of a page that contains a full list of acceptable documents.  <b>2</b> For the second option, EDE Entities may include all DM and SVI educational content, including the full list of acceptable documents to receive DMs and SVIs, on one webpage. The EDE Entity would provide the full set of educational content specific to the relevant DM or SVI from column B of the "DM Document Types" and "SVI Document Types" tabs on the same page as the document upload functionality. If the EDE Entity opts to create its own content on the document upload page listing the full list of acceptable documents for each respective DM or SVI, the Entity must also add the URL to HealthCare.gov for each respective DM and SVI (as provided on the "DM 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 full list of acceptable documents, EDE Entities must provide the URL to allow users to access the official full list of acceptable documents.  <b>Additional:</b> CMS has listed the DM and SVI documents in the "DM Document Types" and "SVI Document Types" tabs within this toolkit. However, you may also find these documents listed on HealthCare.gov at the following sites: - <a href="https://www.healthcare.gov/help/healthcare-coverage/eligibility-requirements/eligibility-requirements.html">https://www.healthcare.gov/help/healthcare-coverage/eligibility-requirements/eligibility-requirements.html</a> (includes an action item link) - <a href="https://www.healthcare.gov/help/healthcare-coverage/eligibility-requirements/eligibility-requirements.html#eligibility-requirements">https://www.healthcare.gov/help/healthcare-coverage/eligibility-requirements/eligibility-requirements.html#eligibility-requirements</a> (includes a list of documents that may be most current than those listed in this toolkit).  EDE Entities must display information related to a consumer's or agent's/Dependent's ability to receive certain DMs (Citizenship, Immigration, Income, and SSI) through updates to the consumer's application. EDE Entities must display this information, at a minimum, on the DM document upload page in the user interface for each specific, applicable DM (i.e., Citizenship, Immigration, Income, and SSI).  The messaging must at a minimum include the following information, with dynamic content indicated by brackets: "To receive this data, matching is in progress; state the consumer-facing name of the DM). In addition to uploading documents to the Marketplace, [Consumer/Agent, and/or Agent] can receive this issue by updating the application with more information, for example, entering Social Security Numbers, entering immigration documents, and checking that household income is correctly reported on the application. To do so, [insert EDE Entity's instructions]."  CMS strongly recommends that EDE Entities update communications, including the DM Creation email, for consumers related to receiving DMs with this information for the applicable DMs (i.e., Citizenship, Immigration, Income, and SSI).  <b>Note:</b> This messaging does not replace the DM document upload and status page messaging required by Requirements 2 and 3 above.	The Auditor must provide screenshots for this messaging for each applicable DM with the following: - A screenshot demonstrating the EDE Entity's display of the required messaging, with the EDE Entity's instructions populated for each of the applicable DMs (Citizenship, Immigration, Income, and SSI). - Any other screenshots that contribute the DM or SVI educational content or document upload functionality.					
4		<b>Additional:</b> CMS has listed the DM and SVI documents in the "DM Document Types" and "SVI Document Types" tabs within this toolkit. However, you may also find these documents listed on HealthCare.gov at the following sites: - <a href="https://www.healthcare.gov/help/healthcare-coverage/eligibility-requirements/eligibility-requirements.html">https://www.healthcare.gov/help/healthcare-coverage/eligibility-requirements/eligibility-requirements.html</a> (includes an action item link) - <a href="https://www.healthcare.gov/help/healthcare-coverage/eligibility-requirements/eligibility-requirements.html#eligibility-requirements">https://www.healthcare.gov/help/healthcare-coverage/eligibility-requirements/eligibility-requirements.html#eligibility-requirements</a> (includes a list of documents that may be most current than those listed in this toolkit).  EDE Entities must display information related to a consumer's or agent's/Dependent's ability to receive certain DMs (Citizenship, Immigration, Income, and SSI) through updates to the consumer's application. EDE Entities must display this information, at a minimum, on the DM document upload page in the user interface for each specific, applicable DM (i.e., Citizenship, Immigration, Income, and SSI).  The messaging must at a minimum include the following information, with dynamic content indicated by brackets: "To receive this data, matching is in progress; state the consumer-facing name of the DM). In addition to uploading documents to the Marketplace, [Consumer/Agent, and/or Agent] can receive this issue by updating the application with more information, for example, entering Social Security Numbers, entering immigration documents, and checking that household income is correctly reported on the application. To do so, [insert EDE Entity's instructions]."  CMS strongly recommends that EDE Entities update communications, including the DM Creation email, for consumers related to receiving DMs with this information for the applicable DMs (i.e., Citizenship, Immigration, Income, and SSI).  <b>Note:</b> This messaging does not replace the DM document upload and status page messaging required by Requirements 2 and 3 above.	The Auditor must provide screenshots for this messaging for each applicable DM with the following: - A screenshot demonstrating the EDE Entity's display of the required messaging, with the EDE Entity's instructions populated for each of the applicable DMs (Citizenship, Immigration, Income, and SSI). - Any other screenshots that contribute the DM or SVI educational content or document upload functionality.					
5	Explain to Consumer They Will Continue to Receive HealthCare.gov Communications.	In communications to the consumer and in the user interface, EDE Entities must inform consumers that the consumer will continue to receive additional communications from HealthCare.gov. However, EDE Entities should encourage consumers to return to the EDE Entity's site rather than HealthCare.gov to address their needs. EDE Entities should embed this information into the initial application submission communication (e.g., "be aware you may get e-mails from HealthCare.gov but come back to us for all of your needs.") and other communications.	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.					
6	Phase-Specific Requirements	If an EDE Entity has implemented Phase 1 or Phase 2, the Auditor must confirm that the UI includes a disclaimer stating that the website does not support all use cases and application scenarios, and identifying which scenarios are not supported. The disclaimer should direct the consumer to alternative pathways, such as the initial or EDE Entity's contact pathway or direct the consumer to the FFE/HealthCare.gov or the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4255). EDE Entities are permitted to display this disclaimer to only those consumers who require an unsupported use case or scenario for the EDE Entity's applicable phase.  Phase 3 includes the requirement to provide a disclaimer for Phase 3 EDE Entities are required to support all use cases and application scenarios. The Auditor must confirm that the UI does not include this disclaimer.	The Auditor does not need to submit any screenshots or evidence of this requirement, but must evaluate the EDE Entity's compliance with this requirement.					
7	Consumer-Friendly Marketing Throughout the EDE End-User Experience	EDE Entities must use clear, consumer-friendly language in the UI throughout the EDE end-user experience. The following guidance applies to approval terminology that EDE Entities may use for specific terms. Terminology that falls outside of these guidelines below may be implemented, but Auditors must describe any discrepancies as findings for this requirement.  - EDE Entities may describe the premium tax credit as a premium tax credit, advance premium tax credit, tax credit, or subsidy. EDE Entities must not describe the premium tax credit as a discount. - EDE Entities may describe cost-sharing reductions as cost-sharing reductions or reduced costsharing. - EDE Entities may refer to data matching issue (DM) tasks as data matching issues, inconsistencies, confirmation of eligibility results, or document upload action items. - EDE Entities may refer to SVI tasks as: document upload action items, confirmation of [insert name of special enrollment period], confirm your eligibility for a special enrollment period. - EDE Entities may refer to the Federally-Facilitated Exchanges as HealthCare.gov or the Marketplace. - EDE Entities must not use the term Obamacare. - EDE Entities must not use acronyms in the UI (e.g., APFC, SCA, DM, SVI, SEP, QHP, EDP, NPA, HC.gov). - EDE Entities must not display AP values in the UI (e.g., displaying from the AP). - EDE Entities must display the date format consistently across their entire EDE end-user experience. Acceptable date formats are MM/DD/YYYY or YYYY/MM/DD.	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.					
8	Post-Eligibility Application Communications	EDE Entities must provide account management functions for consumers (e.g., ways for consumers to take action on action items, update application information, report DM changes, make updates to an enrollment, etc.) in order to support consumers with these account management functions. EDE Entities must provide an application or enrollment management experience that includes, but is not limited to, the following: action items that consumers need to take to the status and ability to upload documents to receive DMs and SVIs, the status and action items for SEP, and the Open Enrollment Period (OEP); notice generated by the FFE and application and enrollment status, including details about the consumer's QHP. Additionally, after enrolling the consumer, the EDE Entity must provide clear, consumer-friendly instructions to the consumer on how to make any necessary updates to their FFE application, including reporting changes in circumstances (ICG) or supporting documents during SEP outside of the OEP.  EDE Entities have flexibility in how they implement the account management functions within the UI 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 functionality to support the required process.	The Auditor must submit a screenshot recording (or several recordings) demonstrating the EDE Entity's dashboard, including a warning or modal that would be able to access the account management functions detailed in the requirement in column C. Such as, how to navigate to actions within the UI. The video can include branching off of this page, navigating to sub-sections/links within the dashboard.  The file format for video files should be MP4.					
9		When consumers log in to the EDE Entity's gateway, the UI should be refreshed to get the latest status of the application, enrollment, and any action items flagged for the consumer and their household members (DM, SVI, etc.).  In addition to the display of status information (e.g., related to the application, DMs, SVI, enrollment, etc.) in the application and enrollment management functionality in the UI, the EDE Entity must communicate ongoing status information and provide information to assist consumers with the management of their application and coverage. These communications include, but are not limited to, the status of DMs and SVIs and a link to the document upload page when they may be received, the availability of APs, the timing of the OEP, providing access to and communicating the availability of new notices generated by the FFE and the status of applications and enrollments. This information must be communicated in the EDE Entity's UI, but additionally, the EDE Entity should communicate this information to consumers through email or text message based on consumer preferences; however, this requirement does not modify the required email communications detailed in Requirement 1.  The EDE Entity may reference the file "My Account Messaging for Notices.pdf" to review HealthCare.gov's messaging for notices. This file is stored in the Business Audit Report Template and Toolkits zip folder.	The Auditor must verify that EDE Entity's EDE implementation is providing status information and ongoing communications to consumers according to CMS requirements as it relates to the status of their application, eligibility, enrollment, notices, and action items the consumer needs to take and verify that the EDE Entity's EDE implementation is showing change to those statuses (new information) over time.  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.					
10		The UI must display high-level eligibility results, next steps and information about the following for each consumer: program eligibility (DM, SEP, SVI, and enrollment steps in a clear, comprehensive and consumer-friendly way. At a minimum, EDE Entities must display, per consumer, their eligibility for the following: Marketplace plans, advance payment of the premium tax credit (APTC), cost-sharing reductions (CSR), Medicare/ACA's Health Insurance Program (CHIP), and SEP, as well as display whether any DMs and SVIs exist. The Application UI Toolkit, Eligibility Results tab contains the applicable specific display requirements for the Eligibility Results page of the EDE Environment. EDE Entities may also include information on the next steps that consumers must take for any applicable DMs and SVIs, consistent with the descriptions of those next steps in Requirements 25 through 29.  EDE Entities should not focus the full high-level messaging on the eligibility results page on information on the Marketplace, but must clearly identify each consumer's eligibility for Medicare/CHIP.	The Auditor must submit screenshots of the eligibility results page that demonstrate the high-level eligibility results detailed in column C.					
11		Any time a consumer submits a change in circumstance (ICG) resulting in QHP and APFC eligibility and allow the consumer to modify their QHP selection (if the consumer is also SEP-eligible and is not restricted to their current plan category limitations) and APFC allocation, accordingly. This applies whether the amount of APFC is eligible for change or not. The EDE Entity must provide clear, consumer-friendly instructions of the steps necessary to modify the consumer's QHP selection or APFC allocation.	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.					
12		EDE Entities must provide consumers with the most recent CMS-provided Eligibility Determination Notices (EDNs) generated by the FFE any time they submit to update an application pursuant to requirements provided by CMS. EDE Entities must provide the EDN in a downloadable format in the UI at the time the consumer's application is submitted or updated.	The Auditor must verify that the EDN is accessible to the consumer in the UI. The 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 API.					
13		For all notices, including the EDN, EDE Entities must provide an interactive UI element for the consumer to view/download the PDF (e.g., a link or button) at the time the consumer's application is submitted or updated and must have a process for providing access to the consumer's most recent notice via the API. EDE Entities must display a consumer-facing name for each notice, provide a date within the UI when the notice was generated, and provide historical access to previous notices.  EDE Entities should only download the notices (i.e., make a call to the Notice Retrieval API) based on a consumer's action to view/download the notice. This should trigger a call to retrieve the Notice Retrieval API (or other words, every time a consumer or agent/provider sets to view a notice, there should be a call to retrieve the latest notice). EDE Entities should not cache notices or display in this scenario, because a cached version of a notice could be outdated.  In the UI for providing access to notices, the EDE Entity must provide a link to the document upload page for resolving action items. CMS allows flexibility in how an EDE Entity implements this requirement; however, the consumer must be clearly provided a link to the location within the UI where the consumer can upload documents to resolve an action item.	The Auditor must submit screenshots of the EDE Entity's display of notices for consumers, including the display of PDF or DM notice, an EDN, and historical access to previous notices (i.e., at least two notices of the same type with a preceding version of the notice shown as well as the current notice), and an expanded DM notice (i.e., the creation of a particular DM and an required notice for the same DM).					
14	Refresh Consumer Information when They Revisit the EDE Entity Website	The EDE Entity must refresh the information, including the Get App, Get Enrollment, and SMS Data Search APIs, when the consumer or Agent/provider revisits the EDE Entity's DM environment to determine if there are new notices and information that should be made available to the consumer.	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.					
15	Spanish Translation	The EDE Entity must translate the relevant content identified in this toolkit (i.e., communications for consumers) of their application to action items, critical communications that the consumer will no longer receive from the Exchange, and any other critical content that the EDE Entity is providing to consumers. The EDE Entity must provide the Spanish translation into Spanish for all applicable content. The EDE Entity must also provide the Spanish translation for the notices to inform individuals of the availability of the services to support limited English proficiency (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 Spanish.  Upon completion of CMS's review of the EDE Entity's communication requirements in English, CMS will request screenshots of the final English version of these requirements and of the translated Spanish version of these requirements.  The Auditor must review the EDE Entity's Content (read below requirements 28-34) and confirm the EDE Entity correctly displays all requirements that are applicable. The Auditor will confirm the EDE Entity uses language identical to the requirements. The Auditor must provide screenshots documenting the presence of each educational content requirement.	The Auditor must include a screenshot(s) of how the consumer navigates to the Spanish translation of the content that the EDE Entity is providing to consumers. The EDE Entity must provide the Spanish translation into Spanish for all applicable content. The EDE Entity must also provide the Spanish translation for the notices to inform individuals of the availability of the services to support limited English proficiency (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 Spanish.					
16	Set Clear Expectations & Awareness of Marketplace Program	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 language provided, it must request approval. Auditors should refer to the Business Report Template and Toolkit Write-Up for additional Spanish content.	The Auditor must include a screenshot(s) of how the consumer navigates to the Spanish translation of the content that the EDE Entity is providing to consumers. The EDE Entity must provide the Spanish translation into Spanish for all applicable content. The EDE Entity must also provide the Spanish translation for the notices to inform individuals of the availability of the services to support limited English proficiency (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 Spanish.					

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

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

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

DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language																					
Citizenship	<ul style="list-style-type: none"> <li>- U.S. passport</li> <li>- Certificate of Naturalization (N-550/N-570)</li> <li>- Certificate of Citizenship (N-560/N-561)</li> <li>- State-issued enhanced driver's license (available in Michigan, New York, Vermont, and Washington)</li>   <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:               <ul style="list-style-type: none"> <li>o A tribal enrollment card</li> <li>o A Certificate of Degree of Indian Blood</li> <li>o A tribal census document</li> <li>o Documents on tribal letterhead signed by a tribal official</li> </ul> </li> </ul> <p><b>If you don't have any of the documents above, you can submit 2 documents — one from each list below.</b></p> <p><b>You can submit one of these documents:</b></p> <ul style="list-style-type: none"> <li>- U.S. public birth certificate</li> <li>- Consular Report of Birth Abroad (FS-240, CRBA)</li> <li>- Certification of Report of Birth (DS-1350)</li> <li>- Certification of Birth Abroad (FS-545)</li> <li>- U.S. Citizen Identification Card (I-197 or the prior version I-179)</li> <li>- Northern Mariana Card (I-873)</li> <li>- Final adoption decree showing the person's name and U.S. place of birth</li> <li>- U.S. Civil Service Employment Record showing employment before June 1, 1976</li> <li>- Military record showing a U.S. place of birth</li> <li>- U.S. medical record from a clinic, hospital, physician, midwife, or institution showing a U.S. place of birth</li> <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> <li>- School record showing the child's name and U.S. place of birth</li> <li>- Federal or state census record showing U.S. citizenship or U.S. place of birth</li> <li>- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)</li> </ul> <p><b>AND one of these documents (that has a photograph or other information, like your name, age, race, height, weight, eye color, or address):</b></p> <ul style="list-style-type: none"> <li>- Driver's license issued by a state or territory or ID card issued by the federal, state, or local government</li> <li>- School identification card</li> <li>- U.S. military card or draft record or military dependent's identification card</li> <li>- U.S. Coast Guard Merchant Mariner card</li> <li>- Voter Registration Card</li> <li>- A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old)</li> <li>- 2 documents containing consistent information that proves your identity, like employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds, or titles</li> </ul>	<p><b>Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (columns C and D). Examples of document types are provided on the UI on screen with a link to a full list of documents. Please refer to Requirements 2 and 3 on the Requirements Tab for more information.</b></p> <table border="1" data-bbox="1148 297 1940 487"> <thead> <tr> <th data-bbox="1148 297 1556 321">English Document Type Menu List:</th> <th data-bbox="1556 297 1940 321">Spanish Document Type Menu List:</th> </tr> </thead> <tbody> <tr> <td data-bbox="1148 321 1556 345">- U.S. passport</td> <td data-bbox="1556 321 1940 345">- Pasaporte de los EE.UU.</td> </tr> <tr> <td data-bbox="1148 345 1556 370">- Certificate of Naturalization (N-550/N-570)</td> <td data-bbox="1556 345 1940 370">- Certificado de Naturalización (N-550/N-570)</td> </tr> <tr> <td data-bbox="1148 370 1556 394">- Certificate of Citizenship (N-560/N-561)</td> <td data-bbox="1556 370 1940 394">- Certificado de Ciudadanía (N-560/N-561)</td> </tr> <tr> <td data-bbox="1148 394 1556 451">- State-issued enhanced Driver's License</td> <td data-bbox="1556 394 1940 451">- Licencia de manejar emitida por el estado</td> </tr> <tr> <td data-bbox="1148 451 1556 475">- Document from a federally recognized Indian tribe</td> <td data-bbox="1556 451 1940 475">- Documento de tribu reconocida federalmente</td> </tr> <tr> <td data-bbox="1148 475 1556 487">- Other</td> <td data-bbox="1556 475 1940 487">- Otro</td> </tr> </tbody> </table>		English Document Type Menu List:	Spanish Document Type Menu List:	- U.S. passport	- Pasaporte de los EE.UU.	- Certificate of Naturalization (N-550/N-570)	- Certificado de Naturalización (N-550/N-570)	- Certificate of Citizenship (N-560/N-561)	- Certificado de Ciudadanía (N-560/N-561)	- State-issued enhanced Driver's License	- Licencia de manejar emitida por el estado	- Document from a federally recognized Indian tribe	- Documento de tribu reconocida federalmente	- Other	- Otro						
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Immigration status	<ul style="list-style-type: none"> <li>- Permanent Resident Card, "Green Card" (I-551)</li> <li>- Reentry Permit (I-327)</li> <li>- Refugee Travel Document (I-571)</li> <li>- Employment Authorization Card (I-766)</li> <li>- Machine Readable Immigrant Visa (with temporary I-551 language)</li> <li>- Temporary I-551 Stamp (on Passport or I-94/I-94A)</li> <li>- Foreign passport</li> <li>- Arrival/Departure Record (I-94/I-94A)</li> <li>- Arrival/Departure Record in foreign passport (I-94)</li> <li>- Certificate of Eligibility for Nonimmigrant Student Status (I-20)</li> <li>- Certificate of Eligibility for Exchange Visitor Status (DS-2019)</li> <li>- Notice of Action (I-797)</li> <li>- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada</li> <li>- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)</li> <li>- Document indicating withholding of removal (or withholding of deportation)</li> <li>- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)</li> </ul>	<table border="1" data-bbox="1148 1101 1940 1347"> <thead> <tr> <th data-bbox="1148 1101 1556 1125">English Document Type Menu List:</th> <th data-bbox="1556 1101 1940 1125">Spanish Document Type Menu List:</th> </tr> </thead> <tbody> <tr> <td data-bbox="1148 1125 1556 1166">- Permanent Resident/Green Card (I-551)</td> <td data-bbox="1556 1125 1940 1166">- Tarjeta de Residente Permanente, "Tarjeta Verde" (I-551)</td> </tr> <tr> <td data-bbox="1148 1166 1556 1190">- Reentry Permit (I-327)</td> <td data-bbox="1556 1166 1940 1190">- Permiso de Readmisión (I-327)</td> </tr> <tr> <td data-bbox="1148 1190 1556 1214">- Refugee Travel Document (I-571)</td> <td data-bbox="1556 1190 1940 1214">- Documento de Viaje de Refugiado (I-571)</td> </tr> <tr> <td data-bbox="1148 1214 1556 1255">- Employment Authorization Card (I-766)</td> <td data-bbox="1556 1214 1940 1255">- Tarjeta de Autorización de Empleo (I-766)</td> </tr> <tr> <td data-bbox="1148 1255 1556 1295">- Machine Readable Immigrant Visa (with temporary I-551 language)</td> <td data-bbox="1556 1255 1940 1295">- Visa de Inmigrante Legible por Máquina (con temporal I-551 lenguaje)</td> </tr> <tr> <td data-bbox="1148 1295 1556 1320">- Temporary I-551 Stamp (on Passport or I-94/I-94A)</td> <td data-bbox="1556 1295 1940 1320">- Sello de I-551 temporal (on Passport or I-94/I-94A)</td> </tr> <tr> <td data-bbox="1148 1320 1556 1344">- Arrival/Departure Record (I-94/I-94A)</td> <td data-bbox="1556 1320 1940 1344">- Registro de Llegada/Salida (I-94/I-94A)</td> </tr> <tr> <td data-bbox="1148 1344 1556 1369">- Arrival/Departure Record in foreign passport (I-94)</td> <td data-bbox="1556 1344 1940 1369">- Registro de Llegada/Salida en pasaporte extranjero (I-94)</td> </tr> <tr> <td data-bbox="1148 1369 1556 1393">- Other</td> <td data-bbox="1556 1369 1940 1393">- Otro</td> </tr> </tbody> </table>		English Document Type Menu List:	Spanish Document Type Menu List:	- Permanent Resident/Green Card (I-551)	- Tarjeta de Residente Permanente, "Tarjeta Verde" (I-551)	- Reentry Permit (I-327)	- Permiso de Readmisión (I-327)	- Refugee Travel Document (I-571)	- Documento de Viaje de Refugiado (I-571)	- Employment Authorization Card (I-766)	- Tarjeta de Autorización de Empleo (I-766)	- Machine Readable Immigrant Visa (with temporary I-551 language)	- Visa de Inmigrante Legible por Máquina (con temporal I-551 lenguaje)	- Temporary I-551 Stamp (on Passport or I-94/I-94A)	- Sello de I-551 temporal (on Passport or I-94/I-94A)	- Arrival/Departure Record (I-94/I-94A)	- Registro de Llegada/Salida (I-94/I-94A)	- Arrival/Departure Record in foreign passport (I-94)	- Registro de Llegada/Salida en pasaporte extranjero (I-94)	- Other	- Otro
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DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language	
Household income	<p data-bbox="386 261 615 277">· Resident of American Samoa Card</p> <p data-bbox="289 284 1142 341"><b>The documents you submit to the Marketplace to confirm your income must show a yearly income amount that closely matches the yearly income amount you entered on your application. For example, if you have a different job than you had last year, send the Marketplace recent pay stubs from your new job, instead of last year's tax return or W2.</b></p> <ul data-bbox="386 386 1142 748" style="list-style-type: none"> <li>· <b>1040 federal or state tax return.</b> 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> <li>· <b>Wages and tax statement (W-2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT).</b> Must contain your first and last name, income amount, tax year, and employer name (if applicable).</li> <li>· <b>Pay stub.</b> 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> <li>· <b>Self-employment ledger documentation</b> (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> <li>· <b>Social Security Administration Statements</b> (Social Security Benefits Letter). Must contain first and last name, benefit amount, and frequency of pay.</li> <li>· <b>Unemployment Benefits Letter.</b> Must contain your first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).</li> <li>· <b>Or, complete a written explanation form.</b> 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: <a href="https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf">https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf</a>]</li> </ul> <p data-bbox="386 768 1142 824"><b>Has your household income changed since you submitted your application? If so, it's important to report this change to the Marketplace right away. <a href="#">Learn how to report a life change.</a> (Insert: EDE Entity's hyperlink or instructions to the individual on how to report a life change through the EDE environment.)</b></p> <p data-bbox="289 850 583 867"><b>Documents to confirm self-employment income:</b></p> <ul data-bbox="386 870 1142 1000" style="list-style-type: none"> <li>· 1040 SE with Schedule C, F, or SE (for self-employment income)</li> <li>· 1065 Schedule K1 with Schedule E</li> <li>· Tax return</li> <li>· Bookkeeping records</li> <li>· Receipts for all allowable expenses</li> <li>· Signed time sheets and receipt of payroll, if you have employees</li> <li>· Most recent quarterly or year-to-date profit and loss statement</li> <li>· <b>Or, complete a written explanation form.</b> 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: <a href="https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf">https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf</a>]</li> </ul> <p data-bbox="289 1057 537 1073"><b>Documents to confirm unearned income:</b></p> <ul data-bbox="386 1076 1142 1408" style="list-style-type: none"> <li>· Annuity statement</li> <li>· Statement of pension distribution from any government or private source</li> <li>· Worker's compensation letter</li> <li>· Prizes, settlements, and awards, including court-ordered awards letter</li> <li>· Proof of gifts and contributions</li> <li>· Proof of inheritances in cash or property</li> <li>· Proof of strike pay and other benefits from unions</li> <li>· Sales receipts or other proof of money received from the sale, exchange, or replacement of things you own</li> <li>· Interests and dividends income statement</li> <li>· Loan statement showing loan proceeds</li> <li>· Royalty income statement or 1099-MISC</li> <li>· Proof of bonus/incentive payments</li> <li>· Proof of severance pay</li> <li>· Pay stub indicating sick pay</li> <li>· Letter, deposit, or other proof of deferred compensation payments</li> <li>· Pay stub indicating substitute/assistant pay</li> <li>· Pay stub indicating vacation pay</li> <li>· Proof of residuals</li> </ul>	<p data-bbox="1142 191 1944 245"><b>Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (columns C and D). 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		<p data-bbox="1142 284 1352 300"><b>English Document Type Menu List:</b></p> <ul data-bbox="1142 342 1556 594" style="list-style-type: none"> <li>· 1040 tax return</li> <li>· W2 and/or 1099s</li> <li>· Pay stub documentation</li> <li>· Self-employment documentation</li> <li>· Social Security statements</li> <li>· Unemployment benefits letter</li> <li>· Other</li> </ul>	<p data-bbox="1556 284 1772 300"><b>Spanish Document Type Menu List:</b></p> <ul data-bbox="1556 342 1944 594" style="list-style-type: none"> <li>· Declaración de impuestos 1040</li> <li>· W-2 y/o 1099s</li> <li>· Talón de pago</li> <li>· Documentación de empleo por cuenta propia</li> <li>· Documento o carta de la Administración del Seguro Social</li> <li>· Carta de beneficios de desempleo</li> <li>· Otro</li> </ul>

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

DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language							
<p><b>No coverage through: Medicaid or the Children's Health Insurance Program (CHIP)</b></p>	<p><b>Note:</b> Some Medicaid and CHIP programs are known by names specific to that state. <u>Find the name of Medicaid &amp; CHIP programs in your state.</u> [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/help/medicaid-and-chip-names/">https://www.healthcare.gov/help/medicaid-and-chip-names/</a>]</p> <ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- You can find more detailed information about <u>Medicaid programs that don't provide qualifying coverage.</u> [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/medicaid-limited-benefits/">https://www.healthcare.gov/medicaid-limited-benefits/</a>] If you send document(s) verifying enrollment in one of these programs, you may be able to continue your financial help for your Marketplace coverage: <ul style="list-style-type: none"> <li>o Medicaid coverage only for pregnancy-related services</li> <li>o Medicaid coverage only for family planning services</li> <li>o Medicaid coverage only for tuberculosis coverage</li> <li>o Medicaid coverage only for emergency treatment</li> <li>o Medicaid Demonstration Projects that cover a limited range of benefits</li> <li>o Medicaid coverage for "medically needy" individuals whose income is too high for traditional Medicaid and cover a limited range of benefits. These programs are sometimes known as "Share of Cost" or "Spend Down" programs.</li> </ul> </li> <li>- A letter describing your recent health coverage including: <ul style="list-style-type: none"> <li>o The name of the Medicaid/CHIP program you were enrolled in and when your coverage ended, or</li> <li>o That you were never enrolled in Medicaid/CHIP coverage, or</li> <li>o The name of the Medicaid/CHIP program with limited benefits that you're enrolled in that would still allow you to enroll in the Marketplace with help paying for coverage</li> </ul> </li> </ul>	<p><b>Note:</b> HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (columns C and D). Examples of document types are provided on the UI on screen with a link to a full list of documents. Please refer to Requirements 2 and 3 on the Requirements Tab for more information.</p> <table border="1" data-bbox="1146 256 1932 332"> <tr> <td>- Letter from Medicaid</td> <td>- Carta de Medicaid</td> </tr> <tr> <td>- Letter from CHIP</td> <td>- Carta de CHIP</td> </tr> <tr> <td>- Other</td> <td>- Otro</td> </tr> </table>		- Letter from Medicaid	- Carta de Medicaid	- Letter from CHIP	- Carta de CHIP	- Other	- Otro
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- Letter from CHIP	- Carta de CHIP								
- Other	- Otro								
<p><b>No Coverage Through: TRICARE</b></p>	<p><b>Submit one of the documents below if you need to confirm that you don't have coverage through TRICARE:</b></p> <ul style="list-style-type: none"> <li>- Letter or statement from TRICARE that shows the expiration or un-enrollment date of previous health coverage</li> <li>- Letter or statement from TRICARE that confirms ineligibility for health coverage</li> <li>- Letter, statement, or other document indicating a life change event (like divorce) that would make you or a family member ineligible for TRICARE coverage</li> <li>- Letter or statement from TRICARE or other government agency showing that you or a family member are enrolled in a TRICARE program that's not considered qualifying health coverage. If you send document(s) verifying enrollment in one of these programs, you may be able to continue your Marketplace coverage with help paying for coverage: <ul style="list-style-type: none"> <li>o TRICARE Plus</li> <li>o Direct care</li> <li>o Line-of-duty care</li> <li>o Transitional care for service-related conditions</li> <li>o TRICARE coverage limited to space-available care in a facility of the uniformed services for individuals excluded from TRICARE coverage for care from private sector providers.</li> </ul> </li> </ul> <p><b>What if I don't have any of those documents?</b></p> <p>You can submit a letter describing when your enrollment in TRICARE coverage ended or that you were never enrolled in TRICARE. The Marketplace will take your letter into consideration. <u>You can use this template.</u> [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf">https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf</a>] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.</p>	<table border="1" data-bbox="1146 738 1932 792"> <tr> <td><b>English Document Type Menu List:</b></td> <td><b>Spanish Document Type Menu List:</b></td> </tr> <tr> <td>- Letter from TRICARE</td> <td>- Carta de TRICARE</td> </tr> <tr> <td>- Other</td> <td>- Otro</td> </tr> </table>		<b>English Document Type Menu List:</b>	<b>Spanish Document Type Menu List:</b>	- Letter from TRICARE	- Carta de TRICARE	- Other	- Otro
<b>English Document Type Menu List:</b>	<b>Spanish Document Type Menu List:</b>								
- Letter from TRICARE	- Carta de TRICARE								
- Other	- Otro								
<p><b>No Coverage Through: Veterans Health Care</b></p>	<p><b>Submit this document if you need to confirm that you don't have coverage through the VA:</b></p> <ul style="list-style-type: none"> <li>- Letter from the VA that shows the expiration date of previous health coverage</li> </ul>	<table border="1" data-bbox="1146 1302 1932 1385"> <tr> <td><b>English Document Type Menu List:</b></td> <td><b>Spanish Document Type Menu List:</b></td> </tr> <tr> <td>- Letter from VA</td> <td>- Carta del VA</td> </tr> <tr> <td>- Other</td> <td>- Otro</td> </tr> </table>		<b>English Document Type Menu List:</b>	<b>Spanish Document Type Menu List:</b>	- Letter from VA	- Carta del VA	- Other	- Otro
<b>English Document Type Menu List:</b>	<b>Spanish Document Type Menu List:</b>								
- Letter from VA	- Carta del VA								
- Other	- Otro								

DMI Type	Full Lists of Acceptable Documents	Document Upload Menu Language	
Program	<p>If you don't have this document, you can submit a letter describing that you're not enrolled in health coverage through the VA. The Marketplace will take your letter into consideration. <u>You can use this template.</u> [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf">https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf</a>] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.</p>	<p>Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (columns C and D). Examples of document types are provided on the UI on screen with a link to a full list of documents. Please refer to Requirements 2 and 3 on the Requirements Tab for more information.</p>	
No Coverage Through: Medicare	<p>Submit this document if you need to confirm that you don't have coverage through Medicare:</p> <ul style="list-style-type: none"> <li>- Letter or statement from Medicare or the Social Security Administration stating that you or your family members are: <ul style="list-style-type: none"> <li>- Not eligible for or enrolled in premium-free Medicare Part A.</li> <li>- Eligible for (but not enrolled in) Part A coverage that requires premium payments. <b>Important:</b> 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> <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> </li> </ul> <p>If you don't have this document, you can submit a letter describing why you're not eligible for premium-free Medicare Part A. The Marketplace will take your letter into consideration. <u>You can use this template.</u> [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf">https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf</a>] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.</p>	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> <li>- Letter from Medicare</li> <li>- Other</li> </ul>	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> <li>- Carta de Medicare</li> <li>- Otro</li> </ul>
No Coverage Through: Peace Corps	<p>Submit this document if you need to confirm that you don't have coverage through the Peace Corps:</p> <ul style="list-style-type: none"> <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> <p>If you don't have this document, you can submit a letter describing that you're no longer eligible for or enrolled in health coverage through the Peace Corps, or that you were never eligible for or enrolled in health coverage through the Peace Corps. The Marketplace will take your letter into consideration. <u>You can use this template.</u> [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf">https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf</a>] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.</p>	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> <li>- Letter from Peace Corps</li> <li>- Other</li> </ul>	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> <li>- Carta del Cuerpo de Paz</li> <li>- Otro</li> </ul>
Social Security Number	<p>Documents must include your first name, last name, and SSN:</p> <ul style="list-style-type: none"> <li>- Social Security card</li> <li>- 1040 Tax Return (federal or state versions acceptable)</li> <li>- W2 and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)</li> <li>- W4 Withholding Allowance Certificate (federal or state versions acceptable)</li> <li>- 1095 (includes 1095A, 1095B, 1095C)</li> <li>- Pay stub documentation</li> <li>- Social Security Administration documentation (includes 4029)</li> <li>- Military record</li> <li>- U.S. Military ID card</li> <li>- Military dependent's ID card</li> <li>- Unemployment Benefits (Unemployment Benefits Letter)</li> <li>- Court Order Granting a Name Change, that must have your <b>original</b> first and last name, <b>new</b> first and last name, and SSN</li> <li>- Divorce decree</li> </ul>	<p>English Document Type Menu List:</p> <ul style="list-style-type: none"> <li>- Social Security card</li> <li>- Tax form(s)</li> <li>- Benefit or income statement</li> <li>- Other</li> </ul>	<p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> <li>- Tarjeta de seguro Social</li> <li>- Formularios de impuesto(s)</li> <li>- Declaración de beneficios o ingresos</li> <li>- Otro</li> </ul>

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

SVI Type	Full Lists of Acceptable Documents	Document Upload Menu Language	
<p>If you get a notice from the Marketplace saying you need to submit documents to confirm your loss of coverage, you can upload or mail documents.</p> <p>If your notice says that you also need to submit documents <u>to confirm a recent move</u>, in addition to confirming that you had health coverage for at least 1 day in the past 60 days, be sure to send both types of documents. [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/help/prove-move/">https://www.healthcare.gov/help/prove-move/</a>]</p> <p><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.</p> <p>- <b>Find out how to upload:</b> [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/help/how-to-upload-documents/">https://www.healthcare.gov/help/how-to-upload-documents/</a>]</p> <p>- <b>Get the mailing address:</b> [hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/help/prove-coverage-loss/">https://www.healthcare.gov/help/prove-coverage-loss/</a>]</p> <p><b>What documents can I submit?</b></p> <p><b>Documents must show that you lost qualifying health coverage in the past 60 days or will lose coverage in the next 60 days.</b> These documents must include your name and the date of coverage loss. Documents you can submit:</p> <p><b>A letter from an insurance company</b>, on official letterhead or stationery, including:</p> <ul style="list-style-type: none"> <li>A letter or premium bill from your former insurance company that shows you or your dependent's cancellation/termination from health coverage.</li> <li>A decertification letter from your insurance company stating when coverage will no longer be offered.</li> </ul> <p><b>A letter from an employer</b>, on official letterhead or stationery, that confirms one of these about you or your spouse or dependent family member:</p> <ul style="list-style-type: none"> <li>That your employer dropped or will drop your coverage or benefits.</li> <li>That your employer stopped or will stop contributing to your cost of coverage.</li> <li>That your employer changed or will change coverage or benefits, and your coverage will no longer be considered qualifying health coverage.</li> </ul> <p><b>A letter about COBRA coverage</b>, like a letter from an employer or health insurance company that confirms these:</p> <ul style="list-style-type: none"> <li>Your employer's offer of COBRA coverage along with the date this coverage would start.</li> <li>Your COBRA coverage ended or will end, or your employer stopped or will stop contributing to the cost of coverage and when.</li> </ul> <p><b>A health care program document</b>, on official letterhead or stationery, including:</p> <ul style="list-style-type: none"> <li>A letter from a government health program, like TRICARE, Veterans Affairs (VA), Peace Corps, or Medicare, showing when coverage ended or will end.</li> <li>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.</li> <li>A dated copy of your military discharge document (DD214).</li> </ul> <p><b>A letter if you lost student health coverage</b>, which shows when the coverage ended or will end. This should be on official letterhead or stationery.</p> <p><b>You can also submit any of the documents in the list below.</b> However, these documents may include only some of the information we need to confirm, so you'll <b>most likely need to submit more than one of these documents:</b></p> <p><b>Pay stubs, if you lost employer-sponsored coverage.</b> You can submit:</p> <ul style="list-style-type: none"> <li>2 pay stubs from the past 1-3 months, one that shows a deduction for health coverage and another which shows that the deduction ended in the past 60 days.</li> </ul> <p>(<a href="https://www.healthcare.gov/help/prove-coverage-loss/">https://www.healthcare.gov/help/prove-coverage-loss/</a>)</p>		English Document Type Menu List:	Spanish Document Type Menu List:
	Letter from an insurance company	Carta de una compañía de seguros	
	Letter from an employer	Carta de un empleador	
	Letter about COBRA coverage	Carta sobre la cobertura COBRA	
	Health care program document	Documento del programa de cuidado de salud	
	Pay stubs	Talones de pago si ha perdido la cobertura médica basada en el empleo	
	Letter for loss of student coverage	Carta que indique que ha perdido la cobertura médica estudiantil	
	Document for coverage loss due to divorce/separation	Documento de pérdida su cobertura debido a divorcio, separación legal	
	Document for coverage loss due to death	Documento de pérdida de cobertura por muerte	
	Letter of explanation	Carta de explicación	
Other	Otro		

SVI Type	Full Lists of Acceptable Documents	<p><i>Note</i> : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (columns C and D). Examples of document types are provided on the UI on screen with a link to a full list of documents. Please refer to Requirements 2 and 3 on the Requirements Tab for more information.</p>
	<p>If a reduction in work hours caused you to lose coverage, you can submit one previous pay stub that shows that you worked 30 or more hours and a deduction for health coverage, and a pay stub from the past 60 days that shows that you worked less than 30 hours and no deduction for health coverage.</p> <p><b>Document showing you lost coverage because of divorce, legal separation, custody agreements, or annulment</b> within 60 days of submitting your application, including:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Legal separation papers that show the date responsibility ends for providing health coverage.</li> <li>Other confirmation that you lost or will lose coverage because of divorce, legal separation, or annulment that shows the date that health coverage ends.</li> </ul> <p><b>Document showing you lost coverage due to death of a family member</b>, including:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Other confirmation that shows you lost or will lose coverage because of the death of a spouse or other family member.</li> </ul> <p>You can upload more than one document if you have multiple documents to confirm coverage loss. Select the "UPLOAD DOCUMENTS" button on the upload screen in your application to submit each document.</p> <p><b>What if I'm in a plan that ended before the end of the calendar year?</b></p> <p>If you're losing or lost coverage from a non-calendar year plan, you can submit a dated and signed copy of written verification from an insurance agent, or a dated letter from your insurance company stating when the coverage year ends. To submit this, select "Other" from the drop-down menu.</p> <p><b>What if I don't have any of these documents?</b>          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><a href="#">Use this form</a></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. [<i>hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/downloads/letter-of-explanation.pdf">https://www.healthcare.gov/downloads/letter-of-explanation.pdf</a></i>]</p> <p><b>How do I upload or mail the documents?</b>  <u><a href="#">Find out how to upload documents</a></u> [<i>hyperlink for underlined content for Entity reference: <a href="https://www.healthcare.gov/help/how-to-upload-documents/">https://www.healthcare.gov/help/how-to-upload-documents/</a></i>]</p> <p><b>Mailing address:</b>          Health Insurance Marketplace          Attn: Coverage Processing          465 Industrial Blvd          London, KY 40750-0001</p>	

Requirement	High-Level Description of EDE Entity Communications Requirements	Communications Requirement for EDE Entities	Document Submission Requirements and Additional Notes to EDE Entities and Auditors	Auditor Compliance Conclusion**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
17		<p><b>Instructions for EDE Entities:</b> EDE Entities must display the following educational content [requirements 17 through 24] prior to an individual initiating an FFE application through the EDE pathway. These must be visible to the consumer prior to completing the pre-eligibility application data collection attestations.</p> <p>EDE Entities may provide these FAQs via a hyperlink, if an EDE Entity chooses to do so, the hyperlink should be prominent, clear, and consumer friendly, such as stating: "Additional Information about the Marketplace and [EDE Entity]."</p>	<p>The Auditor must provide a screenshot depicting the screen with this educational content that clearly shows where this content exists and how a consumer can access it in the EDE end-user experience. For example, if this educational content is accessed via a hyperlink, provide a screenshot of the page where the hyperlink can be accessed by the consumer in the EDE end-user experience.</p>					
18	Set Clear Expectations & Awareness of Marketplace Program	<p><b>Introducción:</b>  <b>Aquí, en [inserte el nombre de la entidad EDE], trabajamos con el Mercado de Seguros Médicos para ayudarle a obtener cobertura de salud.</b></p> <p><b>¿Qué es el Mercado de Seguros Médicos?</b>  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). <a href="#">El sitio web oficial del Mercado es CuidadoDeSalud.gov.</a></p> <p><b>¿Existen beneficios al obtener un seguro médico a través del Mercado?</b>  La cobertura del Mercado es la única manera de obtener créditos fiscales para las primas mensuales y ahorrar en gastos de bolsillo con deducibles y copagos más bajos. Todos los planes del Mercado deben cubrir el mismo conjunto de beneficios esenciales, incluida la atención preventiva, las visitas al médico, las recetas y los servicios hospitalarios y de emergencia. Ningún plan del Mercado puede rechazarle, cobrarle más o negarse a pagar los beneficios esenciales por cualquier condición que usted tuviera antes de que comenzara su cobertura. <a href="#">Obtenga más información sobre lo que deben cubrir los planes del Mercado.</a></p>						
20		<p><b>¿Cómo solicito y me inscribo en una cobertura?</b>  Usted puede solicitar e inscribirse con nosotros. Nosotros enviaremos su información al Mercado a través de CuidadoDeSalud.gov y le informaremos sobre los programas y ahorros para los que usted es elegible. <a href="#">Si desea de su información cambia, usted también puede actualizar su solicitud a través de nosotros.</a></p> <p><b>¿Qué pasa si soy elegible para Medicaid o CHIP?</b>  Si usted presenta una solicitud y se determina que es elegible para cobertura a través de Medicaid o CHIP, el Mercado enviará automáticamente su información a la agencia estatal que administra estos programas. Nosotros le daremos un aviso de elegibilidad con más información.</p> <p><b>¿Cómo recibiré avisos?</b>  Incluso si usted se inscribe en una cobertura a través de [inserte el nombre de la entidad EDE], usted aún recibirá información directamente del Mercado. Espere recibir avisos del Mercado de Seguros Médicos por correo postal y correos electrónicos de CuidadoDeSalud.gov. Es importante leer estos avisos y correos electrónicos porque contienen información importante que sólo obtendrá del Mercado de Seguros Médicos. Nosotros podemos ayudarle con cualquier acción de seguimiento que deba tomar, incluida las peticiones de CuidadoDeSalud.gov.</p> <p><b>¿Qué pasa si me redirigen a CuidadoDeSalud.gov?</b>  Nosotros podemos ayudarle a la mayoría de las personas con las solicitudes e inscripciones directamente en nuestro sitio. Si necesitamos redirigirlo a CuidadoDeSalud.gov para completar su solicitud, le ayudaremos con todo lo que debe hacer y le ayudaremos de principio a fin.</p>	<p>"Obtenga más información sobre lo que deben cubrir los planes del Mercado," must hyperlink to more information that describes Marketplace plan requirements. This can either be a direct hyperlink to HealthCare.gov (<a href="https://www.cuidadodesalud.gov/es/coverage/what-is-marketplace-plans-cover/">https://www.cuidadodesalud.gov/es/coverage/what-is-marketplace-plans-cover/</a>) or the EDE Entity can provide this same type of information on their own site.</p>					
21		<p><b>¿Cómo solicito y me inscribo en una cobertura?</b>  Usted puede solicitar e inscribirse con nosotros. Nosotros enviaremos su información al Mercado a través de CuidadoDeSalud.gov y le informaremos sobre los programas y ahorros para los que usted es elegible. <a href="#">Si desea de su información cambia, usted también puede actualizar su solicitud a través de nosotros.</a></p> <p><b>¿Qué pasa si soy elegible para Medicaid o CHIP?</b>  Si usted presenta una solicitud y se determina que es elegible para cobertura a través de Medicaid o CHIP, el Mercado enviará automáticamente su información a la agencia estatal que administra estos programas. Nosotros le daremos un aviso de elegibilidad con más información.</p> <p><b>¿Cómo recibiré avisos?</b>  Incluso si usted se inscribe en una cobertura a través de [inserte el nombre de la entidad EDE], usted aún recibirá información directamente del Mercado. Espere recibir avisos del Mercado de Seguros Médicos por correo postal y correos electrónicos de CuidadoDeSalud.gov. Es importante leer estos avisos y correos electrónicos porque contienen información importante que sólo obtendrá del Mercado de Seguros Médicos. Nosotros podemos ayudarle con cualquier acción de seguimiento que deba tomar, incluida las peticiones de CuidadoDeSalud.gov.</p> <p><b>¿Qué pasa si me redirigen a CuidadoDeSalud.gov?</b>  Nosotros podemos ayudarle a la mayoría de las personas con las solicitudes e inscripciones directamente en nuestro sitio. Si necesitamos redirigirlo a CuidadoDeSalud.gov para completar su solicitud, le ayudaremos con todo lo que debe hacer y le ayudaremos de principio a fin.</p>						
22		<p><b>¿Cómo solicito y me inscribo en una cobertura?</b>  Usted puede solicitar e inscribirse con nosotros. Nosotros enviaremos su información al Mercado a través de CuidadoDeSalud.gov y le informaremos sobre los programas y ahorros para los que usted es elegible. <a href="#">Si desea de su información cambia, usted también puede actualizar su solicitud a través de nosotros.</a></p> <p><b>¿Qué pasa si soy elegible para Medicaid o CHIP?</b>  Si usted presenta una solicitud y se determina que es elegible para cobertura a través de Medicaid o CHIP, el Mercado enviará automáticamente su información a la agencia estatal que administra estos programas. Nosotros le daremos un aviso de elegibilidad con más información.</p> <p><b>¿Cómo recibiré avisos?</b>  Incluso si usted se inscribe en una cobertura a través de [inserte el nombre de la entidad EDE], usted aún recibirá información directamente del Mercado. Espere recibir avisos del Mercado de Seguros Médicos por correo postal y correos electrónicos de CuidadoDeSalud.gov. Es importante leer estos avisos y correos electrónicos porque contienen información importante que sólo obtendrá del Mercado de Seguros Médicos. Nosotros podemos ayudarle con cualquier acción de seguimiento que deba tomar, incluida las peticiones de CuidadoDeSalud.gov.</p> <p><b>¿Qué pasa si me redirigen a CuidadoDeSalud.gov?</b>  Nosotros podemos ayudarle a la mayoría de las personas con las solicitudes e inscripciones directamente en nuestro sitio. Si necesitamos redirigirlo a CuidadoDeSalud.gov para completar su solicitud, le ayudaremos con todo lo que debe hacer y le ayudaremos de principio a fin.</p>						
23		<p><b>¿Cómo solicito y me inscribo en una cobertura?</b>  Usted puede solicitar e inscribirse con nosotros. Nosotros enviaremos su información al Mercado a través de CuidadoDeSalud.gov y le informaremos sobre los programas y ahorros para los que usted es elegible. <a href="#">Si desea de su información cambia, usted también puede actualizar su solicitud a través de nosotros.</a></p> <p><b>¿Qué pasa si soy elegible para Medicaid o CHIP?</b>  Si usted presenta una solicitud y se determina que es elegible para cobertura a través de Medicaid o CHIP, el Mercado enviará automáticamente su información a la agencia estatal que administra estos programas. Nosotros le daremos un aviso de elegibilidad con más información.</p> <p><b>¿Cómo recibiré avisos?</b>  Incluso si usted se inscribe en una cobertura a través de [inserte el nombre de la entidad EDE], usted aún recibirá información directamente del Mercado. Espere recibir avisos del Mercado de Seguros Médicos por correo postal y correos electrónicos de CuidadoDeSalud.gov. Es importante leer estos avisos y correos electrónicos porque contienen información importante que sólo obtendrá del Mercado de Seguros Médicos. Nosotros podemos ayudarle con cualquier acción de seguimiento que deba tomar, incluida las peticiones de CuidadoDeSalud.gov.</p> <p><b>¿Qué pasa si me redirigen a CuidadoDeSalud.gov?</b>  Nosotros podemos ayudarle a la mayoría de las personas con las solicitudes e inscripciones directamente en nuestro sitio. Si necesitamos redirigirlo a CuidadoDeSalud.gov para completar su solicitud, le ayudaremos con todo lo que debe hacer y le ayudaremos de principio a fin.</p>						
24		<p><b>¿Cómo solicito y me inscribo en una cobertura?</b>  Usted puede solicitar e inscribirse con nosotros. Nosotros enviaremos su información al Mercado a través de CuidadoDeSalud.gov y le informaremos sobre los programas y ahorros para los que usted es elegible. <a href="#">Si desea de su información cambia, usted también puede actualizar su solicitud a través de nosotros.</a></p> <p><b>¿Qué pasa si soy elegible para Medicaid o CHIP?</b>  Si usted presenta una solicitud y se determina que es elegible para cobertura a través de Medicaid o CHIP, el Mercado enviará automáticamente su información a la agencia estatal que administra estos programas. Nosotros le daremos un aviso de elegibilidad con más información.</p> <p><b>¿Cómo recibiré avisos?</b>  Incluso si usted se inscribe en una cobertura a través de [inserte el nombre de la entidad EDE], usted aún recibirá información directamente del Mercado. Espere recibir avisos del Mercado de Seguros Médicos por correo postal y correos electrónicos de CuidadoDeSalud.gov. Es importante leer estos avisos y correos electrónicos porque contienen información importante que sólo obtendrá del Mercado de Seguros Médicos. Nosotros podemos ayudarle con cualquier acción de seguimiento que deba tomar, incluida las peticiones de CuidadoDeSalud.gov.</p> <p><b>¿Qué pasa si me redirigen a CuidadoDeSalud.gov?</b>  Nosotros podemos ayudarle a la mayoría de las personas con las solicitudes e inscripciones directamente en nuestro sitio. Si necesitamos redirigirlo a CuidadoDeSalud.gov para completar su solicitud, le ayudaremos con todo lo que debe hacer y le ayudaremos de principio a fin.</p>						

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