

Overview of Communications Toolkit

| Purpose of the Communications Toolkit | |
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| This document must be used by Enhanced Direct Enrollment (EDE) Entities to develop the EDE user interface (UI). This document outlines the communications requirements that must be met in order to participate in EDE. | |
| All requirements in the Communications toolkit must be implemented by EDE Entities and audited by an EDE Auditor regardless of an Entity's selected end-state application phase, unless specifically indicated otherwise (i.e., "Requirement 6: Phase-Specific Requirements"). | |
| Note: The Communications Toolkit requirements represent the minimum communications that EDE Entities must provide. CMS does not prevent EDE Entities from providing additional communications from those described within the Communications Toolkit; however, any changes made to an audited or approved EDE Environment must be documented through the EDE Entity-initiated Change Request Process, as described in the EDE Guidelines, Section XI. | |
| Note on Draft | |
| All requirements are subject to change. | |
| Navigating Updates to the Toolkit | |
| N/A | |
| User Guide - Tabs | |
| Requirements | This tab displays EDE communications requirements. |
| DMI Document Types | This tab displays acceptable documents for each data matching issue (DMI) type. |
| SVI Document Types | This tab displays acceptable documents for each SEP verification issue (SVI) type. |

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

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

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

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

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

Communications Toolkit

Purpose of This Toolkit

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

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

Required Documentation:

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

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

Tip:

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

Note:

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

Note:

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

Note on Draft

All requirements are subject to change.

Tabs for Auditor Review

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

Audit Requirements by Tab

Tab: Requirements

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

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

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

Tab: DMI Document Types

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

Tab: SVI Document Types

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

Tab: Spanish Translation_Req.17-24

| Columns | Description | How to Review |
|--|--|--|
| Requirement | This column assigns a unique number for each requirement. | N/A |
| High-Level Description of EDE Entity Communications Requirements | This column displays high-level descriptions of communication requirements. | This column contains the high-level requirement categories for the Auditors to review. |
| 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. |
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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 |
|--|--|---|
| Requirement | This column assigns a unique number for each requirement. | N/A |
| High-Level Description of EDE Entity Communications Requirements | This column displays high-level descriptions of communication requirements. | This column contains the high-level requirement categories for the Auditors to review. |
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| 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** |
|-------------|--|---|---|--|--------------|----------------------------|-----------------------------|--------------------|
| 17 | | Instructions for EDE Entities: EDE Entities must display the following educational content (requirements 18 through 24) prior to an individual initiating an PFE application through the EDE pathway. These must be visible to the consumer prior to completing the pre-eligibility application data collection attestations. | The Auditor must provide a screenshot depicting the screen with this educational content displayed, where the content is visible to the consumer prior to access it via the EDE endpoint experience. For example, if the educational content is provided via a hyperlink, provide a screenshot of the page where the hyperlink can be accessed by the consumer in the PFE endpoint experience. | | | | | |
| 18 | | 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]." | | | | | | |
| 19 | | Introduction: Here's how [Insert EDE Entity's Name] we work with the Health Insurance Marketplace to help you get health coverage. What's the Health Insurance Marketplace? The Health Insurance Marketplace helps you shop for and enroll in coverage that fits your needs and budget. The Marketplace can tell you if you qualify for an individual insurance plan with savings or whether you're eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). The official Marketplace website is www.HealthCare.gov . | | | | | | |
| 20 | | Are there benefits to getting health insurance through the Marketplace? You might be eligible to get premium tax credits to 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, including preventive care, doctor's visits, prescriptions, hospital, and emergency services. No Marketplace plan can reject you, charge you more, or refuse to pay for essential health benefits for any condition you had before your coverage started. Learn more about what Marketplace plans must cover . | When may an EDE entity display educational content? Most requirements to more information that describes the offerings of a plan require it. This can be in the form of a hyperlink to HealthCare.gov (http://www.healthcare.gov/coverage/what-marketplace-plans-cover) or the EDE Entity can provide this same type of information on their own site. | | | | | |
| 21 | | How do I apply for enrollment in coverage? You can apply and enroll with us. We'll send you information from the Marketplace about your options and savings you're eligible for. If any of your information changes, you can also update your application through us. | | | | | | |
| 22 | | What if I'm eligible for Medicaid or CHIP? If you're eligible for either program, the Marketplace will automatically send you information to the state agency that runs these programs. We'll give you an eligibility notice with more information. | | | | | | |
| 23 | | How will I get notices? Even if you're enrolled 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 respond to them, because they contain important information that you'll need to take, including requests from HealthCare.gov. | | | | | | |
| 24 | | What if my employer offers health insurance? We can help most people with their application and enrollment directly on our site. If we need to redirect you to HealthCare.gov to complete your application, we'll walk you through what to do and help you start to finish. | | | | | | |
| 25 | Post-Enrollment Communication for Consumers | Instructions for EDE Entities: EDE Entities must display the following educational content (requirements 26-29) in the UI after a consumer selects a plan through the EDE pathway. For each UI communication requirement listed below, an EDE Entity must use the exact language provided in its UI. If an EDE Entity wishes to modify the language provided, it must request approval. | For any requirement that requires an EDE Entity to issue its own instructions for completing a task, the EDE Entity must use the specific instructions provided in the service message. The EDE Entity must provide specific, consumer directed 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 a direct link to click on or a specific URL to go to in the consumer's account location in their 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. | | | | | |
| 26 | | What should I do now? 1. You must submit documents to the Marketplace for [insert person(s) and SV type] by [insert deadline]. To do this, [insert EDE Entity's instructions]. 2. Watch for a notice with the results of the Marketplace's review of your documents. You may access your Marketplace notices by [insert EDE Entity's instructions]. 3. Pay your premium. To do this, [insert EDE Entity's name]. You may access your Marketplace notices by [insert EDE Entity's instructions]. Note: Remember that you can't start using your coverage until the Marketplace reviews your documents and confirms your information, and you pay your premium. | Expect communications from us and from the Marketplace. When you hear from HealthCare.gov: - Read your notices and emails. - Read notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information. - Upload documents through [Insert EDE Entity's name]. We can help you submit documents if the Marketplace needs to confirm your information. - Download forms you'll need when you file your federal income tax return. What if I need to update my information later? 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]. | After the consumer has confirmed their plan selection, if the PFE has generated an SV, but no DMIs, for the consumer, EDE Entities must display this text. | | | | |
| 27 | | What should I do now? 1. You must submit documents to the Marketplace for [insert person(s) and SV type] by [insert deadline]. To do this, [insert EDE Entity's instructions]. 2. Watch for a notice with the results of the Marketplace's review of your documents. You may access your Marketplace notices by [insert EDE Entity's instructions]. 3. Pay your premium. To do this, [insert EDE Entity's name]. You may access your Marketplace notices by [insert EDE Entity's instructions]. Note: Remember that you can't start using your coverage until the Marketplace reviews your documents and confirms your information, and you pay your premium. | Expect communications from us and from the Marketplace. When you hear from HealthCare.gov: - Read your notices and emails. - Read notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information. - Upload documents through [Insert EDE Entity's name]. We can help you submit documents if the Marketplace needs to confirm your information. - Download forms you'll need when you file your federal income tax return. What if I need to update my information later? 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]. | After the consumer has confirmed their plan selection, if the PFE has generated an SV, but no DMIs, for the consumer, EDE Entities must display this text. | | | | |
| 28 | | What should I do now? 1. Pay your premium. To do this, [insert EDE Entity's instructions]. 2. Submit required documents to the Marketplace for [insert person(s) and DM type] by [insert deadline]. To do this, [insert EDE Entity's instructions]. 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]. 4. Pay your premium. To do this, [insert EDE Entity's name]. You may access your Marketplace notices by [insert EDE Entity's instructions]. Note: Remember that you can't start using your coverage until the Marketplace reviews your documents and confirms your information, and you pay your premium. | Expect communications from us and from the Marketplace. When you hear from HealthCare.gov: - Read your notices and emails. - Read notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information. - Upload documents through [Insert EDE Entity's name]. We can help you submit documents if the Marketplace needs to confirm your information. - Download forms you'll need when you file your federal income tax return. What if I need to update my information later? 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]. | After the consumer has confirmed their plan, if the consumer has DMIs, but no SVs, the EDE Entity must display this text. | | | | |
| 29 | | What should I do now? - Pay your premium. To do this, [insert EDE Entity's instructions]. Expect communications from us and from the Marketplace. When you hear from HealthCare.gov: - Read your notices and emails. - Read 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. - Download forms you'll need when you file your federal income tax return. What if I need to update my information later? 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]. | What if I need to update my information later? 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]. | After the consumer has confirmed their plan selection, if they have no DMIs or SVs, EDE Entities must display this text. | | | | |

| DMI Type | Full Lists of Acceptable Documents | Document Upload Menu Language | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|----------------------------------|---|--|----------------------------------|---------------------------------|-----------------------------------|---|---|---|---|--|---|---|--|---|---|---|---|--------|---|--|--|--|----------------------------|--|---|--|--|--|---|--|---|--|
| Citizenship | <ul style="list-style-type: none"> · U.S. passport · Certificate of Naturalization (N-550/N-570) · Certificate of Citizenship (N-560/N-561) · State-issued enhanced driver's license (available in Michigan, New York, Vermont, and Washington) · Document from federally recognized Indian tribe that includes your name and the name of the federally recognized Indian tribe that issued the document, and shows your membership, enrollment, or affiliation with the tribe. Documents you can provide include: <ul style="list-style-type: none"> o A tribal enrollment card o A Certificate of Degree of Indian Blood o A tribal census document o Documents on tribal letterhead signed by a tribal official <p>If you don't have any of the documents above, you can submit 2 documents — one from each list below.</p> <p>You can submit one of these documents:</p> <ul style="list-style-type: none"> · U.S. public birth certificate · Consular Report of Birth Abroad (FS-240, CRBA) · Certification of Report of Birth (DS-1350) · Certification of Birth Abroad (FS-545) · U.S. Citizen Identification Card (I-197 or the prior version I-179) · Northern Mariana Card (I-873) · Final adoption decree showing the person's name and U.S. place of birth · U.S. Civil Service Employment Record showing employment before June 1, 1976 · Military record showing a U.S. place of birth · U.S. medical record from a clinic, hospital, physician, midwife, or institution showing a U.S. place of birth · U.S. life, health, or other insurance record showing U.S. place of birth · Religious record showing U.S. place of birth recorded in the U.S. · School record showing the child's name and U.S. place of birth · Federal or state census record showing U.S. citizenship or U.S. place of birth · Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3) <p>AND one of these documents (that has a photograph or other information, like your name, age, race, height, weight, eye color, or address):</p> <ul style="list-style-type: none"> · Driver's license issued by a state or territory or ID card issued by the federal, state, or local government · School identification card · U.S. military card or draft record or military dependent's identification card · U.S. Coast Guard Merchant Mariner card · Voter Registration Card · A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old) · 2 documents containing consistent information that proves your identity, like employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds, or titles | 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. | <table border="1"> <thead> <tr> <th data-bbox="1467 307 1636 326">English Document Type Menu List:</th><th data-bbox="1636 307 1949 326">Spanish Document Type Menu List:</th></tr> </thead> <tbody> <tr> <td data-bbox="1467 326 1636 351">· U.S. passport</td><td data-bbox="1636 326 1949 351">· Pasaporte de los EE.UU.</td></tr> <tr> <td data-bbox="1467 351 1636 367">· Certificate of Naturalization (N-550/N-570)</td><td data-bbox="1636 351 1949 367">· Certificado de Naturalización (N-550/N-570)</td></tr> <tr> <td data-bbox="1467 367 1636 383">· Certificate of Citizenship (N-560/N-561)</td><td data-bbox="1636 367 1949 383">· Certificado de Ciudadanía (N-560/N-561)</td></tr> <tr> <td data-bbox="1467 383 1636 400">· State-issued enhanced Driver's License</td><td data-bbox="1636 383 1949 400">· Licencia de manejar emitida por el estado</td></tr> <tr> <td data-bbox="1467 449 1636 465">· Document from a federally recognized Indian tribe</td><td data-bbox="1636 449 1949 465">· Documento de tribu reconocida federalmente</td></tr> <tr> <td data-bbox="1467 465 1636 481">· Other</td><td data-bbox="1636 465 1949 481">· 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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| DMI Type | Full Lists of Acceptable Documents | Document Upload Menu Language | |
|------------------|--|---|--|
| | <ul style="list-style-type: none"> · Resident of American Samoa Card <p>The documents you submit to the Marketplace to confirm your income must show a yearly income amount that closely matches the yearly income amount you entered on your application. For example, if you have a different job than you had last year, send the Marketplace recent pay stubs from your new job, instead of last year's tax return or W2.</p> <ul style="list-style-type: none"> · 1040 federal or state tax return. Must contain your first and last name, income amount, and tax year. If you file Schedule 1, you must submit it with your 1040. · Wages and tax statement (W-2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT). Must contain your first and last name, income amount, tax year, and employer name (if applicable). · Pay stub. Must contain your first and last name, income amount, pay period or frequency of pay with the date of payment. If a pay stub includes overtime, tell us the average overtime amount per paycheck. · Self-employment ledger documentation (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger). Must contain your first and last name, company name, and income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger, and the net income from profit/loss. · Social Security Administration Statements (Social Security Benefits Letter). Must contain first and last name, benefit amount, and frequency of pay. · Unemployment Benefits Letter. Must contain your first and last name, source/agency, benefits amount, and duration (start and end date, if applicable). · Or, complete a written explanation form. To submit this form, select "Other" from the drop down menu when you're on the upload screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf] <p>Has your household income changed since you submitted your application? If so, it's important to report this change to the Marketplace right away. <u>Learn how to report a life change.</u> [Insert: EDE Entity's hyperlink or instructions to the individual on how to report a life change through the EDE environment.]</p> <p>Documents to confirm self-employment income:</p> <ul style="list-style-type: none"> · 1040 SE with Schedule C, F, or SE (for self-employment income) · 1065 Schedule K1 with Schedule E · Tax return · Bookkeeping records · Receipts for all allowable expenses · Signed time sheets and receipt of payroll, if you have employees · Most recent quarterly or year-to-date profit and loss statement <p>· Or, complete a written explanation form. To submit this form, select "Other" from the drop down menu when you're on the upload screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf]</p> <p>Documents to confirm unearned income:</p> <ul style="list-style-type: none"> · Annuity statement · Statement of pension distribution from any government or private source · Worker's compensation letter · Prizes, settlements, and awards, including court-ordered awards letter · Proof of gifts and contributions · Proof of inheritances in cash or property · Proof of strike pay and other benefits from unions · Sales receipts or other proof of money received from the sale, exchange, or replacement of things you own · Interests and dividends income statement · Loan statement showing loan proceeds · Royalty income statement or 1099-MISC · Proof of bonus/incentive payments · Proof of severance pay · Pay stub indicating sick pay · Letter, deposit, or other proof of deferred compensation payments · Pay stub indicating substitute/assistant pay · Pay stub indicating vacation pay · Proof of residuals | <p>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> | |
| Household income | <ul style="list-style-type: none"> · Resident of American Samoa Card <p>The documents you submit to the Marketplace to confirm your income must show a yearly income amount that closely matches the yearly income amount you entered on your application. For example, if you have a different job than you had last year, send the Marketplace recent pay stubs from your new job, instead of last year's tax return or W2.</p> <ul style="list-style-type: none"> · 1040 federal or state tax return. Must contain your first and last name, income amount, and tax year. If you file Schedule 1, you must submit it with your 1040. · Wages and tax statement (W-2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT). Must contain your first and last name, income amount, tax year, and employer name (if applicable). · Pay stub. Must contain your first and last name, income amount, pay period or frequency of pay with the date of payment. If a pay stub includes overtime, tell us the average overtime amount per paycheck. · Self-employment ledger documentation (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger). Must contain your first and last name, company name, and income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger, and the net income from profit/loss. · Social Security Administration Statements (Social Security Benefits Letter). Must contain first and last name, benefit amount, and frequency of pay. · Unemployment Benefits Letter. Must contain your first and last name, source/agency, benefits amount, and duration (start and end date, if applicable). · Or, complete a written explanation form. To submit this form, select "Other" from the drop down menu when you're on the upload screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf] <p>Has your household income changed since you submitted your application? If so, it's important to report this change to the Marketplace right away. <u>Learn how to report a life change.</u> [Insert: EDE Entity's hyperlink or instructions to the individual on how to report a life change through the EDE environment.]</p> <p>Documents to confirm self-employment income:</p> <ul style="list-style-type: none"> · 1040 SE with Schedule C, F, or SE (for self-employment income) · 1065 Schedule K1 with Schedule E · Tax return · Bookkeeping records · Receipts for all allowable expenses · Signed time sheets and receipt of payroll, if you have employees · Most recent quarterly or year-to-date profit and loss statement <p>· Or, complete a written explanation form. To submit this form, select "Other" from the drop down menu when you're on the upload screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf]</p> <p>Documents to confirm unearned income:</p> <ul style="list-style-type: none"> · Annuity statement · Statement of pension distribution from any government or private source · Worker's compensation letter · Prizes, settlements, and awards, including court-ordered awards letter · Proof of gifts and contributions · Proof of inheritances in cash or property · Proof of strike pay and other benefits from unions · Sales receipts or other proof of money received from the sale, exchange, or replacement of things you own · Interests and dividends income statement · Loan statement showing loan proceeds · Royalty income statement or 1099-MISC · Proof of bonus/incentive payments · Proof of severance pay · Pay stub indicating sick pay · Letter, deposit, or other proof of deferred compensation payments · Pay stub indicating substitute/assistant pay · Pay stub indicating vacation pay · Proof of residuals | <p>English Document Type Menu List:</p> <ul style="list-style-type: none"> · 1040 tax return · W2 and/or 1099s · Pay stub documentation · Self-employment documentation · Social Security statements · Unemployment benefits letter · Other <p>Spanish Document Type Menu List:</p> <ul style="list-style-type: none"> · Declaración de impuestos 1040 · W-2 y/o 1099s · Talón de pago · Documentación de empleo por cuenta propia · Documento o carta de la Administración del Seguro Social · Carta de beneficios de desempleo · Otro | |

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

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

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| | | <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> | | | | |
| 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. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.</p> | | | | | |
| No Coverage Through: Medicare | <p>Submit this document if you need to confirm that you don't have coverage through Medicare:</p> <ul style="list-style-type: none"> · Letter or statement from Medicare or the Social Security Administration stating that you or your family members are: <ul style="list-style-type: none"> · Not eligible for or enrolled in premium-free Medicare Part A. · Eligible for (but not enrolled in) Part A coverage that requires premium payments. Important: A Social Security document that shows you don't pay a premium for "Medical Insurance" refers to Part B. It's not acceptable for verifying eligibility for Part A. · No longer eligible for Social Security Disability Insurance (SSDI) benefits, and your coverage has ended or will end in the next 90 days. <p>If you don't have this document, you can submit a letter describing why you're not eligible for premium-free Medicare Part A. The Marketplace will take your letter into consideration. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.</p> | <table border="1"> <tr> <td>English Document Type Menu List:</td> <td>Spanish Document Type Menu List:</td> </tr> <tr> <td> <ul style="list-style-type: none"> · Letter from Medicare · Other </td><td> <ul style="list-style-type: none"> · Carta de Medicare · Otro </td></tr> </table> | English Document Type Menu List: | Spanish Document Type Menu List: | <ul style="list-style-type: none"> · Letter from Medicare · Other | <ul style="list-style-type: none"> · Carta de Medicare · Otro |
| English Document Type Menu List: | Spanish Document Type Menu List: | | | | | |
| <ul style="list-style-type: none"> · Letter from Medicare · Other | <ul style="list-style-type: none"> · Carta de Medicare · Otro | | | | | |
| No Coverage Through: Peace Corps | <p>Submit this document if you need to confirm that you don't have coverage through the Peace Corps:</p> <ul style="list-style-type: none"> · Letter from the Peace Corps with the expiration date for any previous health coverage or a letter showing that you never had this type of coverage <p>If you don't have this document, you can submit a letter describing that you're no longer eligible for or enrolled in health coverage through the Peace Corps, or that you were never eligible for or enrolled in health coverage through the Peace Corps. The Marketplace will take your letter into consideration. You can use this template. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation-application-info.pdf] To submit this letter, select "Other" from the drop-down menu when you're on the upload screen in the application.</p> | <table border="1"> <tr> <td>English Document Type Menu List:</td> <td>Spanish Document Type Menu List:</td> </tr> <tr> <td> <ul style="list-style-type: none"> · Letter from Peace Corps · Other </td><td> <ul style="list-style-type: none"> · Carta del Cuerpo de Paz · Otro </td></tr> </table> | English Document Type Menu List: | Spanish Document Type Menu List: | <ul style="list-style-type: none"> · Letter from Peace Corps · Other | <ul style="list-style-type: none"> · Carta del Cuerpo de Paz · Otro |
| English Document Type Menu List: | Spanish Document Type Menu List: | | | | | |
| <ul style="list-style-type: none"> · Letter from Peace Corps · Other | <ul style="list-style-type: none"> · Carta del Cuerpo de Paz · Otro | | | | | |
| Social Security Number | <p>Documents must include your first name, last name, and SSN:</p> <ul style="list-style-type: none"> · Social Security card · 1040 Tax Return (federal or state versions acceptable) · W2 and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT) · W4 Withholding Allowance Certificate (federal or state versions acceptable) · 1095 (includes 1095A, 1095B, 1095C) · Pay stub documentation · Social Security Administration documentation (includes 4029) · Military record · U.S. Military ID card · Military dependent's ID card · Unemployment Benefits (Unemployment Benefits Letter) · Court Order Granting a Name Change, that must have your original first and last name, new first and last name, and SSN · Divorce decree | <table border="1"> <tr> <td>English Document Type Menu List:</td> <td>Spanish Document Type Menu List:</td> </tr> <tr> <td> <ul style="list-style-type: none"> · Social Security card · Tax form(s) · Benefit or income statement · Other </td><td> <ul style="list-style-type: none"> · Tarjeta de seguro Social · Formularios de impuesto(s) · Declaración de beneficios o ingresos · Otro </td></tr> </table> | English Document Type Menu List: | Spanish Document Type Menu List: | <ul style="list-style-type: none"> · Social Security card · Tax form(s) · Benefit or income statement · Other | <ul style="list-style-type: none"> · Tarjeta de seguro Social · Formularios de impuesto(s) · Declaración de beneficios o ingresos · Otro |
| English Document Type Menu List: | Spanish Document Type Menu List: | | | | | |
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| | <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.</p> | 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 | | | | | | | | | | | | | | | | | | | | | |
| Losing qualifying health coverage (https://www.healthcare.gov/help/prove-coverage-loss/) | <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 to confirm a recent move, in addition to confirming that you had health coverage for at least 1 day in the past 60 days, be sure to send both types of documents. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/prove-move/]</p> <p>IMPORTANT: Upload or mail documents as soon as possible. If you don't submit documents by the deadline, you won't have Marketplace coverage.</p> <ul style="list-style-type: none"> - Find out how to upload: [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/how-to-upload-documents/] - Get the mailing address: [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/prove-coverage-loss/] <p>What documents can I submit?</p> <p>Documents must show that you lost qualifying health coverage in the past 60 days or will lose coverage in the next 60 days. These documents must include your name and the date of coverage loss. Documents you can submit:</p> <ul style="list-style-type: none"> A letter from an insurance company, on official letterhead or stationery, including: <ul style="list-style-type: none"> A letter or premium bill from your former insurance company that shows you or your dependent's cancellation/termination from health coverage. A decertification letter from your insurance company stating when coverage will no longer be offered. A letter from an employer, on official letterhead or stationery, that confirms one of these about you or your spouse or dependent family member: <ul style="list-style-type: none"> That your employer dropped or will drop your coverage or benefits. That your employer stopped or will stop contributing to your cost of coverage. That your employer changed or will change coverage or benefits, and your coverage will no longer be considered qualifying health coverage. A letter about COBRA coverage, like a letter from an employer or health insurance company that confirms these: <ul style="list-style-type: none"> Your employer's offer of COBRA coverage along with the date this coverage would start. Your COBRA coverage ended or will end, or your employer stopped or will stop contributing to the cost of coverage and when. A health care program document, on official letterhead or stationery, including: <ul style="list-style-type: none"> A letter from a government health program, like TRICARE, Veterans Affairs (VA), Peace Corps, or Medicare, showing when coverage ended or will end. A letter from your state Medicaid or CHIP agency showing that your eligibility for Medicaid or CHIP was denied and when it was denied or that your Medicaid or CHIP coverage ended or will end. A dated copy of your military discharge document (DD214). A letter if you lost student health coverage, which shows when the coverage ended or will end. This should be on official letterhead or stationery. You can also submit any of the documents in the list below. However, these documents may include only some of the information we need to confirm, so you'll most likely need to submit more than one of these documents: <p>Pay stubs, if you lost employer-sponsored coverage. You can submit: <ul style="list-style-type: none"> 2 pay stubs from the past 1-3 months, one that shows a deduction for health coverage and another which shows that the deduction ended in the past 60 days. </p> | <p>Note : HealthCare.gov, collapses the selectable document types for file upload menus, so not all documents are shown in the menus (columns C and D). Examples of document types are provided on the UI on screen with a link to a full list of documents. Please refer to Requirements 2 and 3 on the Requirements Tab for more information.</p> <p>English Document Type Menu List:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Letter from an insurance company</td><td>Carta de una compañía de seguros</td></tr> <tr><td>Letter from an employer</td><td>Carta de un empleador</td></tr> <tr><td>Letter about COBRA coverage</td><td>Carta sobre la cobertura COBRA</td></tr> <tr><td>Health care program document</td><td>Documento del programa de cuidado de salud</td></tr> <tr><td>Pay stubs</td><td>Talones de pago si ha perdido la cobertura médica basada en el empleo</td></tr> <tr><td>Letter for loss of student coverage</td><td>Carta que indique que ha perdido la cobertura médica estudiantil</td></tr> <tr><td>Document for coverage loss due to divorce/separation</td><td>Documento de pérdida su cobertura debido a divorcio, separación legal</td></tr> <tr><td>Document for coverage loss due to death</td><td>Documento de pérdida de cobertura por muerte</td></tr> <tr><td>Letter of explanation</td><td>Carta de explicación</td></tr> <tr><td>Other</td><td>Otro</td></tr> </table> | 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 | 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 | Document Upload Menu Language <i>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.</i> |
|----------|--|--|
| | <p>If a reduction in work hours caused you to lose coverage, you can submit one previous pay stub that shows that you worked 30 or more hours and a deduction for health coverage, and a pay stub from the past 60 days that shows that you worked less than 30 hours and no deduction for health coverage.</p> <p>Document showing you lost coverage because of divorce, legal separation, custody agreements, or annulment within 60 days of submitting your application, including:</p> <ul style="list-style-type: none"> Divorce or annulment papers that show the date responsibility ends for providing health coverage or proof that you stopped getting health coverage because of your relationship to your former spouse. Legal separation papers that show the date responsibility ends for providing health coverage. Other confirmation that you lost or will lose coverage because of divorce, legal separation, or annulment that shows the date that health coverage ends. <p>Document showing you lost coverage due to death of a family member, including:</p> <ul style="list-style-type: none"> A death certificate or public notice of death and proof that you were getting health coverage because of your relationship to the deceased person, like a letter from an insurance company or employer that shows the names of the people on the health plan. Other confirmation that shows you lost or will lose coverage because of the death of a spouse or other family member. <p>You can upload more than one document if you have multiple documents to confirm coverage loss. Select the "UPLOAD DOCUMENTS" button on the upload screen in your application to submit each document.</p> <p>What if I'm in a plan that ended before the end of the calendar year?</p> <p>If you're losing or lost coverage from a non-calendar year plan, you can submit a dated and signed copy of written verification from an insurance agent, or a dated letter from your insurance company stating when the coverage year ends. To submit this, select "Other" from the drop-down menu.</p> <p>What if I don't have any of these documents? You can submit a letter explaining the coverage you had, why and when you lost it or will lose it, and the reason you can't provide documents. Use this form and fill out the "Loss of Coverage" section. When you complete the form, select "Letter of explanation" from the drop-down menu when you're on the upload documents screen in the application. [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/downloads/letter-of-explanation.pdf]</p> <p>How do I upload or mail the documents? Find out how to upload documents [hyperlink for underlined content for Entity reference: https://www.healthcare.gov/help/how-to-upload-documents/]</p> <p>Mailing address: Health Insurance Marketplace Attn: Coverage Processing 465 Industrial Blvd London, KY 40750-0001</p> | |

| Requirement | High-Level Description of EDE Entity Communications Requirements | Communications Requirement for EDE Entities | Document Submission Requirements and Additional Notes to EDE Entities and Auditors | Auditor Compliance Conclusion** | Risk Level** | Risk Mitigation Strategy** | Estimated Resolution Date** | Auditor Comments** |
|-------------|--|---|---|---------------------------------|--------------|----------------------------|-----------------------------|--------------------|
| 17 | | <p>Instructions for EDE Entities: EDE Entities must display the following educational content (requirements 17 through 24) prior to an individual initiating an FFE application through the EDE pathway. These must be visible to the consumer prior to completing the pre-eligibility application data collection attestations.</p> <p>EDE Entities may provide these FAQs via a hyperlink. If an EDE Entity chooses to do so, the hyperlink should be prominent, clear, and consumer friendly, such as stating: "Additional information about the Marketplace and [EDE Entity]."</p> | The Auditor Compliance Conclusion must hyperlink to the document 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. | | | | | |
| 18 | Set Clear Expectations & Awareness of Marketplace Program | <p>Introducción:</p> <p>Aquí es donde se introduce la información de la entidad EDE, trabajamos con el Mercado de Seguros Médicos para ayudarle a obtener cobertura de salud.</p> | | | | | | |
| 19 | | <p>¿Qué es el Mercado de Seguros Médicos?</p> <p>El Mercado es un servicio de atención de salud que le ayuda a buscar e inscribirse en una cobertura que se adapte a sus necesidades y presupuesto. El Mercado puede decirle si usted califica para un plan de salud individual con ahorros o si usted es elegible para una cobertura gratuita o de bajo costo a través de Medicaid o el Programa de Seguro Médico para Niños (CHIP), por sus siglas en inglés. El sitio web oficial del Mercado es CuidadoDeSalud.gov.</p> | | | | | | |
| 20 | | <p>¿Qué es la cobertura de salud?</p> <p>La cobertura del Mercado es la única manera de obtener créditos fiscales para las primas para ayudarle a reducir sus primas mensuales y ahorrar en gastos de bolígrafo con deducciones 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 negarle a pagar los beneficios esenciales por cualquier condición que usted tuviera antes de que comenzara su cobertura. Obtenga más información sobre lo que debe saber los planes del Mercado.</p> | | | | | | |
| 21 | | <p>¿Cómo solicito y me inscrivo en una cobertura?</p> <p>Usted puede solicitar e inscribirse con nosotros. Nosotros enviamos su información al Mercado a través de CuidadoDeSalud.gov y le informaremos sobre los programas y ahorros para los que usted es elegible. Si tiene alguna pregunta, nos puede llamar o enviar un correo electrónico a servicioalcliente@CuidadoDeSalud.gov.</p> | | | | | | |
| 22 | | <p>¿Qué pasa si soy elegible para Medicaid o CHIP?</p> <p>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 el programa. Nosotros le daremos un aviso de su elegibilidad con más información.</p> | | | | | | |
| 23 | | <p>¿Cómo recibir avisos?</p> <p>Incluso si usted se inscribe en una cobertura a través de [Nombre de la entidad EDE], usted aún recibirá información directamente del Mercado. Espera 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 sobre su cobertura dentro del Mercado de Seguros Médicos. Nosotros podemos ayudarle con cualquier acción de seguimiento que deba tener, incluidas las peticiones de CuidadoDeSalud.gov.</p> | | | | | | |
| 24 | | <p>¿Qué pasa si no estoy elegible para la cobertura?</p> <p>No obstante su solicitud, si es elegible para la cobertura, pero no cumple con las condiciones de admisión establecidas en el sitio web, se le notificará a través de correo electrónico y se le dará la oportunidad de presentar una apelación.</p> | | | | | | |

| Requirement | High-Level Description of EDE Entity Communications Requirements | Communications 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 25-26) 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 its EDE platform with an upstream EDE Entity's QHP shopping platform, the post-enrollment confirmation communication in the UI must still be implemented consistent with the following requirements (requirements 25-29). 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 connection 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 Change Request must be submitted to the EDE Guidelines Team for review before the 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 AR Specification.</p> <p>Note! If at least one member of the household intended to receive an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSHRA) 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 AR Specifications, Appendix F for more information and required language to include.</p> | | | | | | | |
| 26 (SVI only) | Post-Enrollment UI Communication for Consumers | <p>Ústed ha elegido un plan. Usted puede empezar a usar su cobertura de salud después de que envíe los documentos y el Mercado confirme que usted es elegible para inscribirse a través de un Período de Especial de Inscripción. Cuanto antes usted envíe los documentos, lo más pronto que se activará su cobertura. Vea a continuación para más información sobre los pasos que sigue:</p> <p>¿Qué debe hacer?</p> <ul style="list-style-type: none"> 1. Subir los documentos al Mercado para [insertar fecha límite]. Para hacer esto, [inserte las instrucciones de la entidad EDE]. 2. Ústle a sí mismo con los resultados de la revisión de sus documentos por parte del Mercado. Usted puede acceder a sus aviso del Mercado mediante [inserte las instrucciones de la entidad EDE]. 3. Rezar su prima después de que ve confirma 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]. 4. Envíe los documentos que usted no ha enviado al correo del Mercado. Puede enviarlos y confirmar su información, y también que usted pagó su prima. <p>Cómo manejar mi información en el Mercado. Cuando usted recibe de CuidadoDeSalud.gov:</p> <ul style="list-style-type: none"> -Lea sus avisos y correos electrónicos. -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 o cobertura y administrar su información. -Suba documentos a través de [inserte el nombre de la entidad EDE]. Recibirá un correo electrónico para confirmar que ha subido su documento y necesita confirmar su información. -Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos. <p>¿Qué pasa si necesito actualizar mi información más tarde?</p> <p>Si usted tiene un cambio de vida, como si se mudó, cambian sus ingresos o se casó, por favor déjarnos saber de inmediato. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p> | | | | | | | |
| 27 (SVI and DMR) | | <p>Ústed ha elegido un plan. Usted puede empezar a usar su cobertura de salud después de que envíe los documentos y el Mercado confirme que usted es elegible para inscribirse a través de un Período de Especial de Inscripción. Cuanto antes usted envíe los documentos, lo más pronto que se activará su cobertura. Vea a continuación para más información sobre los pasos que sigue:</p> <p>¿Qué debe hacer?</p> <ul style="list-style-type: none"> 1. Subir los documentos al Mercado para [insertar persona] y [insertar fecha límite]. Para hacer esto, [inserte las instrucciones de la entidad EDE]. 2. Ústle a sí mismo con los resultados de la revisión de sus documentos por parte del Mercado mediante [inserte las instrucciones de la entidad EDE]. 3. Rezar su prima después de que ve confirma 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]. 4. Envíe los documentos que usted no ha enviado al correo del Mercado. Puede enviarlos y confirmar su información, y también que usted pagó su prima. <p>¿Qué algo más que debe hacer ahora?</p> <ul style="list-style-type: none"> -Ingresar en su cuenta con nosotros para ver los avisos del Mercado, actualizar su solicitud o cobertura y administrar su información. -Suba documentos a través de [inserte el nombre de la entidad EDE]. Recibirá un correo electrónico para confirmar que ha subido su documento y necesita confirmar su información. -Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos. <p>¿Qué pasa si necesito actualizar mi información más tarde?</p> <p>Si usted tiene un cambio de vida, como si se mudó, cambian sus ingresos o se casó, por favor déjarnos saber de inmediato. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p> | | | | | | | |
| 28 (DMR only) | | <p>(Felicidades! Usted ya ha inscrito en una cobertura del Mercado a través de [inserte el nombre de la entidad EDE].)</p> <p>¿Qué debe hacer ahora?</p> <ul style="list-style-type: none"> 1. Rezar los avisos. Para hacer esto, [inserte las instrucciones de la entidad EDE]. 2. Rezar los avisos. Para hacer esto, [inserte las instrucciones de la entidad EDE]. 3. Debe enviar los documentos requeridos al Mercado para [insertar persona] y [insertar fecha límite] para [insertar fecha límite]. Para hacer esto, [inserte las instrucciones de la entidad EDE]. Si usted no envía estos documentos antes de las fechas límite enumeradas anteriormente, puede perder su cobertura. Usted recibirá un correo electrónico para confirmar que ha subido su documento y necesita confirmar su información. 4. Ústle a sí mismo con los resultados de la revisión de sus documentos por parte del Mercado. Usted puede acceder a sus aviso del Mercado mediante [inserte las instrucciones de la entidad EDE]. <p>Cómo manejar mi nueva parte y del Mercado. Cuando usted recibe de CuidadoDeSalud.gov:</p> <ul style="list-style-type: none"> -Lea sus avisos y correos electrónicos. -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 o cobertura y administrar su información. -Suba documentos a través de [inserte el nombre de la entidad EDE]. Recibirá un correo electrónico para confirmar que ha subido su documento y necesita confirmar su información. -Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos. <p>¿Qué pasa si necesito actualizar mi información más tarde?</p> <p>Si usted tiene un cambio de vida, como si se mudó, cambian sus ingresos o se casó, por favor déjarnos saber de inmediato. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p> | | | | | | | |
| 29 (no DMFs or SVIs) | | <p>(Felicidades! Usted ya ha inscrito en una cobertura del Mercado a través de [inserte el nombre de la entidad EDE].)</p> <p>¿Qué debe hacer ahora?</p> <ul style="list-style-type: none"> 1. Rezar los avisos. Para hacer esto, [inserte las instrucciones de la entidad EDE]. 2. Rezar los avisos. Para hacer esto, [inserte las instrucciones de la entidad EDE]. 3. Envíe los documentos requeridos al Mercado. Cuando usted recibe de CuidadoDeSalud.gov: <ul style="list-style-type: none"> -Lea sus avisos y correos electrónicos. -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 o cobertura y administrar su información. -Suba documentos a través de [inserte el nombre de la entidad EDE]. Recibirá un correo electrónico para confirmar que ha subido su documento y necesita confirmar su información. -Descargue los formularios que necesitará cuando presente su declaración de impuestos federales sobre los ingresos. <p>¿Qué pasa si necesito actualizar mi información más tarde?</p> <p>Si usted tiene un cambio de vida, como si se mudó, cambian sus ingresos o se casó, por favor déjarnos saber de inmediato. Para hacer esto, [inserte las instrucciones de la entidad EDE].</p> | | | | | | | |