



Georgetown University  
Health Policy Institute  
CENTER FOR CHILDREN  
AND FAMILIES

# Medicaid Learning Lab

A yellow lightbulb icon with a brain inside, symbolizing ideas and learning.

## Session #11: Medicaid Notices

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# Topics We Will Cover

- Notice Basics
- When People Get Notices
- Major Types of Notices
- Plain Language and Accessibility for Notices
- What Makes a Good Notice? (Comms Deep Dive)
- Legal and Appeal Rights
- Electronic Notice Option
- Questions & Answers

# Medicaid Notices

- Notices are critical for Medicaid applicants/enrollees to be able to understand the status of their application, enrollment, and benefits – particularly when they need to take action
- Problems with notices resulting in improper denials, terminations, etc. are a long-standing issue
- Notices will be particularly important for the “unwinding” of the continuous coverage requirements during the public health emergency
- Notices in Medicaid are connected to a broader set of rights that protect Medicaid enrollees

# When Do People Get Medicaid Notices?

➤ *In general, individuals should get notices whenever there is a decision impacting their eligibility or benefits!*

- Approval of application
- Denial of application
- Change, termination, or suspension of eligibility
- Denial or change in benefits or services
- Increases in premiums, cost-sharing, or other liability
- And more...

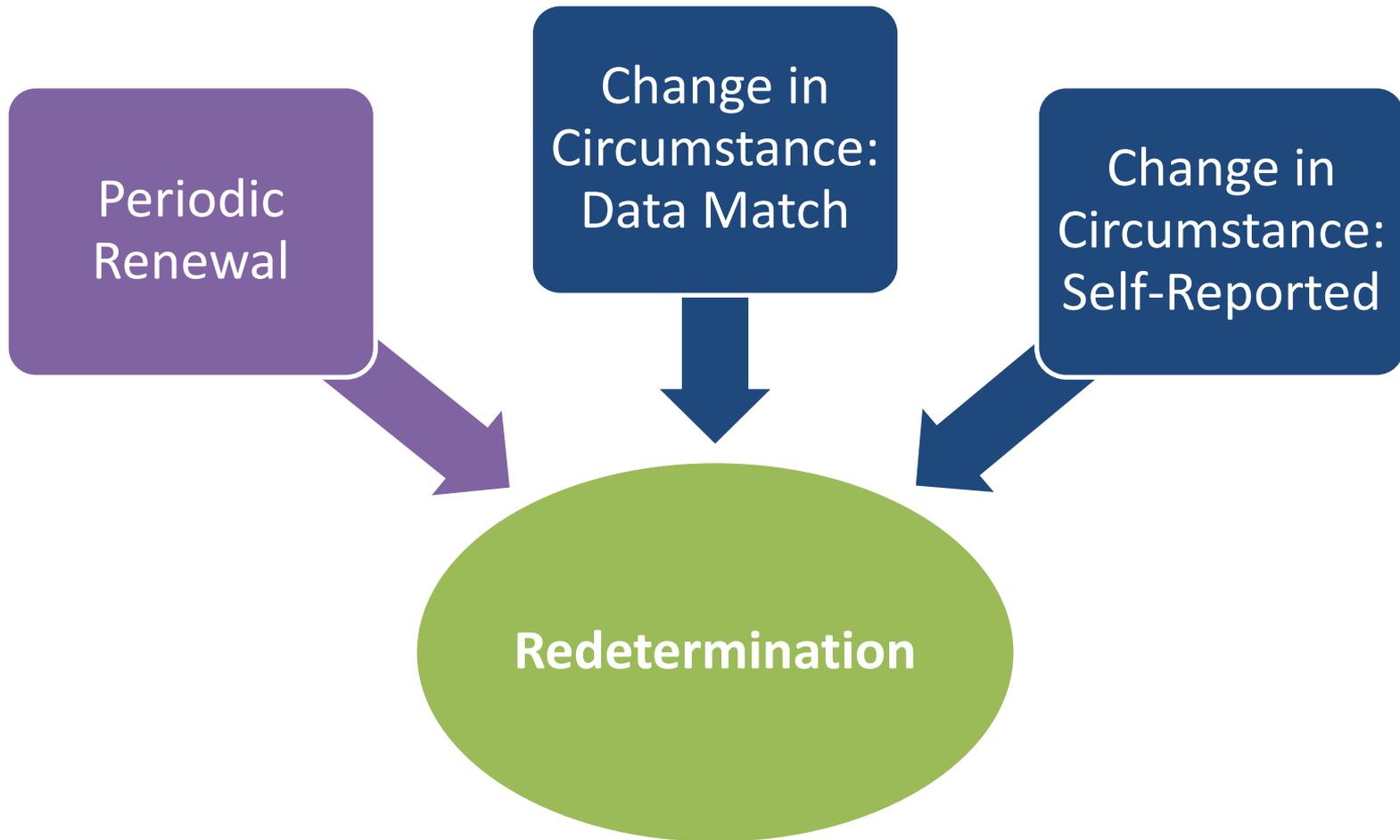
# What Must Be In An Approval Notice?

- Basis and effective date of eligibility
- Basic information about benefits, premiums, and cost-sharing
- Information about reporting changes in circumstance, such as income or household changes
- Spend down amounts, if applicable (a small group of individuals who are over the income limits qualifying by “spending down” excess income)
- Right to appeal—for example, eligibility category or benefits approved

# What Must Be In An Adverse Notice?

- *Adverse notices are ones that deny, suspend, or otherwise reduce coverage*
- A statement of what action the agency, managed care plan, or facility intends to take and the effective date of such action
- A clear statement of the specific reasons supporting the intended action
- The specific regulations (or the change in law) that support the action
- Appeal rights, including benefits paid pending appeal

# Different Paths to Redetermination



# What Must Be In A Renewal Notice?

- Some renewals effectively lead to an approval notice -- when the state has enough info to confirm the individual is still eligible
- In other cases, the state will need more information to assess ongoing eligibility. It must send a renewal form:
  - For MAGI enrollees, the state must send a prepopulated form
  - For non-MAGI enrollees, the state may send a prepop. form
- The state must also provide instructions on how to complete and return the form, and the due date
- Remember: In all cases, an individual's eligibility cannot be terminated without meeting the requirements for adverse notice, described earlier

# Notice Due To Change in Circumstance (CIC)

## Triggered by State Data Match

- If CIC that results in changes to eligibility, the state “must contact” the enrollee
- Enrollee must have an opportunity and reasonable time period to respond to the new info and provide documentation
- **If individual does not respond or new information indicates ineligibility, the state must meet adverse notice requirements before terminating coverage**

## Triggered by a Self-Reported Change

- For CIC self-reported by enrollee resulting in no change, CMS “encourages” but doesn’t require notice
- **If change results in ineligibility, the state must meet the adverse notice requirements before terminating coverage**

# Combined Eligibility Notices

- Combined eligibility notices: “to the maximum extent feasible” states must use notices informing family members of eligibility status for each program and corresponding appeal rights
  - Example: Single approval notice informing family that children eligible for Medicaid, but parent is ineligible and file transferred to Marketplace
  - [CMS Model Notices](#) include samples for families where parent and children may be qualifying in different ways

# Plain Language and Accessibility

- Notices must be “written in plain language”
  - Notices should be designed with the reader in mind
  - States can assess the reading grade level of notices, and aim for low grade reading level (ex. 5<sup>th</sup> grade reading level)
  - States should rely on input and feedback from enrollees and community based stakeholders
- Notices must be accessible to individuals who are limited English proficient
  - Minimally this includes conspicuous taglines in prevalent languages and free oral interpretation in all languages
- Notices must be accessible to individuals with disabilities
  - Minimally including availability of alternative formats, TTY numbers, and auxiliary aids and services at no cost

## What Makes a Good Notice: Content

- Chunk content in clear, scannable format.
- Use easy-to-understand language.
- Write to your audience (e.g., ‘you’), *not* about them (e.g., ‘consumers’).
- Write in active voice; avoid passive tense.
- Reinforce official information: place your state logo prominently on the envelope and notice.
- Ensure contact information is clear.
- Label envelopes with “IMPORTANT, TIME-SENSITIVE INFORMATION” to convey urgency.

# Questions to Consider When Drafting Content

- ✓ **Who** is my audience?
- ✓ **What** do they need to know and/or do?
- ✓ **How** can they act, and by **when**?
- ✓ **Why** is this important to them?
- ✓ **Where** can they go with questions?

# Design & Layout Best Practices

## Pay attention to font and imagery:

- Use **bold**, underline, *italics*, or other font variations to draw attention to important information.
- Font sizes 12-14 (minimum!) are best and for headings, use a font size at least 2 points larger than the main text size.
- Use instructive imagery (arrows, symbols).
- Ensure adequate color contrast if viewed in either color or black/white.

## Be intentional with your layout:

- Organize ideas in the order that your audience will use them.
- Use text boxes and other visual tools to make the main points stand out on each page.
- Maximize white space; limit the amount of text and number of visuals on the page.
- Use bulleted lists when describing steps/actions consumers need to take.

# Keeping Consumer Needs Top of Mind

- Engage consumers who are the end audience for your notice (e.g. CHIP v. dual eligible) – one committee may not be relevant for all.
- Seek diversity in participation to gain multiple perspectives (age, geography, race and culture, gender/identity, health conditions/status).
- Schedule meetings during times and in formats that are convenient and accessible to consumers.
- Encourage participation with supports like travel reimbursement, stipends, on-site childcare, interpreter services, digital access (for virtual meetings).

# Engaging Consumers Authentically

- Conduct outreach and engage communities with individuals reflective of and trusted by key audiences. Leverage community organizations and partners when needed to build or bolster relationships.
- Ensure translated materials are culturally/linguistically accurate, mindful of unique dialects and health literacy barriers.
- Foster transparency: let individuals know how their feedback will inform change. Follow up with examples of how their feedback was incorporated and if it wasn't why not.
- Collect feedback regularly and via multiple sources (e.g., test new notices and update periodically; use customer service questions, website analytics and assister input to inform edits and additional forms of consumer support).

# Coordinating notices with other communications



Consumers want to hear from multiple sources, not just their Medicaid agencies. Leverage MCOs and healthcare providers to reinforce content in your notices.

Consumers don't want to rely on mailed notices alone. Notify consumers through multiple channels: mail, apps, text, phone calls, emails, and through their providers (health clinics, doctors offices, MCOs).

# Sample Notices



**IMPORTANT NOTICE ABOUT YOUR ELIGIBILITY FOR [MEDICAID/PROGRAM NAME]**  
You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

**Why you are getting this letter**  
[STATE MEDICAID AGENCY] conducted a review of your eligibility for [MEDICAID/CHIP/PROGRAM NAME]. We determined that you **do not** qualify for Medicaid/CHIP health insurance because we sent a request to share required information with us, and we did not receive the information that we requested.

You may still be able to keep your health insurance, but you need to act now.

**How we made our decision**  
We conducted our regular renewal process for determining [MEDICAID/CHIP/PROGRAM NAME] eligibility. We were unable to automatically renew your insurance. We sent you a notice on [DATE] requesting the need for additional information and to complete the renewal form sent to you in order to keep your insurance. You did not respond in the [NUMBER OF DAYS] period to respond.

**How to keep your insurance**  
You may still have the option to keep your insurance if you respond with the requested information by [DATE]. Please complete the pre-populated renewal form by mail, telephone or online by following the directions below.

**How to respond to this notice**  
Please send us the requested information in one of the following ways:

- Online at [WEBSITE URL]
- Renew by telephone by calling 1-800-XXX-XXXX.
- Mail a copy of the renewal form to us at State Medicaid/CHIP Agency, 321 Any Road, Any City, Any State 00100.
- In-person at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

**Marketplace Health Insurance**  
If you believe you no longer are eligible for Medicaid/CHIP, you might still be able to get health insurance—and financial assistance to help pay for it—through the [HEALTH INSURANCE MARKETPLACE]. [HEALTH INSURANCE MARKETPLACE PLANS] cover services like doctor visits, prescriptions, and more. You can go to [WEBSITE] or contact the Call Center at XXX-XXX-XXXX to complete an application.

Your Medicaid/CHIP health insurance will end on [DATE] if you do not respond by [DATE].

Sincerely,  
[State Medicaid/CHIP Agency]



You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).  
Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámennos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

**Mary Smith**  
123 Any Street  
Any Town, Any State 00111

Health coverage application date: November 1, 20XX  
Letter date: November 5, 20XX  
Letter number: 34567

**Why you are getting this letter**  
We reviewed your application for Medicaid health coverage. What you told us about your income does not match our records. We need more information.

**Please give us proof of your income by November 15, 20XX**  
Give us a copy of one of these documents:

- Your pay stubs for the last month
- Your most recent tax return, unless you think your tax return will be different this year
- A letter from your employer telling us your income

Please keep your original document and give us a copy. Please write your letter number (34567) on the copy before you give it to us.

If you do not have one of these documents, read the list that came with this letter. It has other documents you can use. If you need help, please call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

**Four ways you can give us a copy of your document**

1. **Online.** Go to [medicaid.state.gov](http://medicaid.state.gov) and follow the website directions to upload a copy.
2. **By fax.** Fax a copy to us at 1-800-XXX-XXXX.
3. **By mail.** Send a copy to us at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.
4. **In person.** Bring a copy to us on the 4th floor at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

If you do not give us proof of your income, we cannot finish reviewing your application for health coverage, and **your application will be denied.**

Sincerely,  
State Medicaid Agency  
321 Any Road  
Any City, Any State 00100

**Your Secure User Account**  
Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online. To create an account, go to [medicaid.state.gov](http://medicaid.state.gov) and click "Account Setup."

We will keep your information secure and private.

Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to [medicaid.state.gov](http://medicaid.state.gov). You can also find out how to meet with someone in person. 1

**Tools for states:**

- [SHVS: Planning for the End of the PHE Communications Toolkit](#)
- [CMS Model Notices](#)

# Legal and Appeal Rights

- Advance Notice required at least 10 days before changing eligibility or services for enrollees
  - Appeals filed during the 10-day advance notice window will continue benefits while the appeal is pending
- Notices must include information about:
  - Right to appeal or expedited appeal
  - How to appeal
  - Availability of benefits while appeal pending (for enrollees)
  - Right to counsel or representative
  - Timeline for getting a final decision on an appeal

# Electronic Notice

- States must provide individuals with a choice to receive notices by regular mail or electronic format
- Individuals must be given the opportunity to change their preferred method
- State must confirm posting a notice with an email or other electronic alert
- Must send notice by regular mail if electronic mailing fails or individual requests it

# Resources

- [Medicaid and CHIP \(MAC\) Learning Collaborative: Effective Communication in Eligibility-Related Determination Notices](#)
- [CMS Model Notices -- Medicaid and CHIP \(MAC\) Learning Collaborative Toolkit](#)
- [CDC Plain language resources](#)
- [CDC Simply Put](#)
- [CMS Toolkit](#)
- [MACPAC: Beneficiary Preferences for Communications Regarding Eligibility, Enrollment, and Renewal](#)
- [CMCS Informational Bulletin: Medicaid and Children's Health Insurance Program \(CHIP\) Renewal Requirements \(12/04/2020\)](#)