Name: _____ Date: _____

Appeals

X H A S L Z T C B J B G V N I M J D U F W D V Y
I P C C E I L I M B H Z D L G A B E O L T S C L
K R T H V R N T T H E H M P V R X G Q F S O L E
S E S E E N O I K L A S F L K K O N V G B A E V
E S K D L O P Z U P L V D N H E A D S E T R A E
M I B U E I O E A E T F R P J T X I O G J U N L
N D A L M T D N J F H C I A A P S X O G T C D Y
U E U E O A Q S S Z I J V A I L R P E S D T E T
Y N N A C C C H I A N E E I B A O D B P G G S R
G T T D N I M I I F S E H C T C D E E Q E C K E
S S I H I F R P E E U S I L V E R P L A N F P V
S D M E L I J A O L R J M E D I C A I D M Q O O
R A E R A R B N A I A I Y D A D O S M N X S L P
P Y L E U E K Y J B N U L T I D E R C X A T I L
E N Y N N V U J C C C I O Q K H W I N C E K C A
G Z W C N O I T A R E C R A C N I X E Q P X Y R
D A P E A F S P E C I A L E N R O L L M E N T E
A T C A E R A C E L B A D R O F F A G M T E I D
B N Q L R E S D C E Y Y X D E A D L I N E Z P E
X X O X O F N I H T L A E H D E T C E T O R P F
E L I G I B I L I T Y D E T E R M I N A T I O N
Q D D N H T E N N C A R E U Y T L A N E P X A T
E V I T A T N E S E R P E R D E Z I R O H T U A
X A P T C Y E G I N B O U N D C A L L F O R M I

Eligibility Determination
Annual Income Level
Clean Desk Policy
Marketplace ID
Citizenship
Untimely
Headset
ECN
Authorized Representative
Affordable Care Act
Inbound Call Form
Incarceration
Tax Penalty
Deadline
Badge
ESD
Protected Health Info
Schedule Adherence
Health Insurance
Verification
Tax Credit
Medicaid
APTC
Federal Poverty Level
Special Enrollment
Presidents Day
Silver Plan
Tenn Care
F Drive
Acts