

Beyond 
the Basics

Part VII:
HealthCare.gov
Redetermination
& Renewal
Process for 2023

October 6, 2022

Webinar Logistics

- All attendees are muted and in listen-only mode
- To ask a question:
 - Click on the Q&A icon in the control panel at the bottom of your webinar screen
 - Type your question into the box
- We will monitor questions and will pause for Q & A at the end
- You can also email questions to beyondthebasics@cbpp.org
- All webinars are recorded and will be available for viewing at www.healthreformbeyondthebasics.org

Agenda

- Redeterminations of APTC/CSR for people who automatically enroll in 2023 coverage
- Re-enrollment in the same or a different plan in 2023
- Overview of the notices sent by HealthCare.gov and insurers

2023 Open Enrollment

- HealthCare.gov's open enrollment period: November 1, 2022 through January 15, 2023
- Enrollment between November 1 and December 15 has coverage effective January 1
- Automatic re-enrollment occurs **December 16** for coverage effective January 1
- Enrollment after December 15 has coverage effective February 1

NOVEMBER 2022						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER 2022						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY 2023						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

 Coverage effective date = January 1, 2023

 Coverage effective date = February 1, 2023

2023 SBM Open Enrollment

October 15,
2022

November 1, 2022

Idaho

December 15

Colorado
Connecticut
Kentucky
Maryland

Maine
Minnesota
Nevada
New Mexico

Pennsylvania
Vermont
Washington

January 15

Massachusetts

January 23

California
DC
New Jersey
New York

Rhode Island

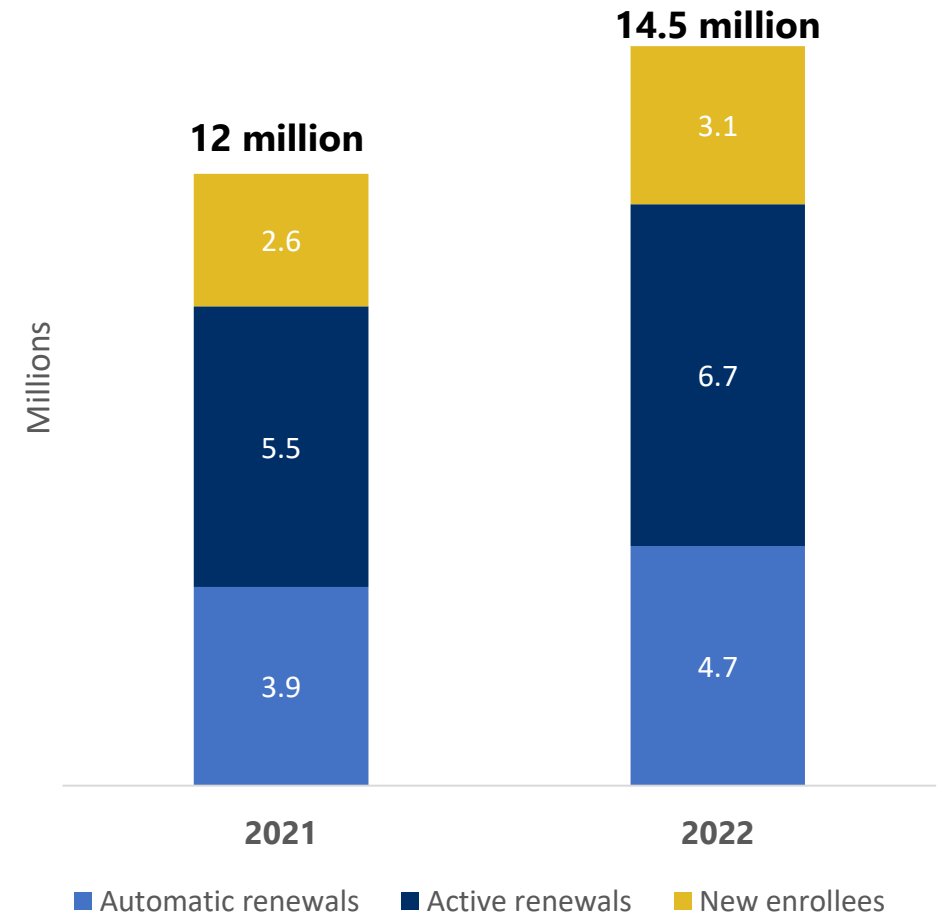
January 31

Encourage Active Re-enrollment



Where Did Enrollees Land in 2022?

- The American Rescue Plan created big opportunities for higher APTC/lower premiums in 2021 and 2022 that will continue in 2023, with the enactment of the Inflation Reduction Act
- Nationwide, **14.5 million** people enrolled in marketplace coverage for 2022
 - **3.1 million** new enrollees (20 percent more than in 2021)
 - **11.4 million** returning enrollees
 - **6.7 million** enrollees actively renewed (59% of renewals)
 - **4.7 million** enrollees automatically redetermined



The Best Advice: Return to the Marketplace

Why to Update

- Get the most accurate eligibility determination for:
 - Medicaid/CHIP
 - Advance premium tax credit (APTC)
 - Higher APTCs continue in 2023
 - Avoid owing some or all of the credit back on their tax return
 - Cost-sharing reductions (CSR)
 - Get the highest up-front financial assistance possible

What to Update

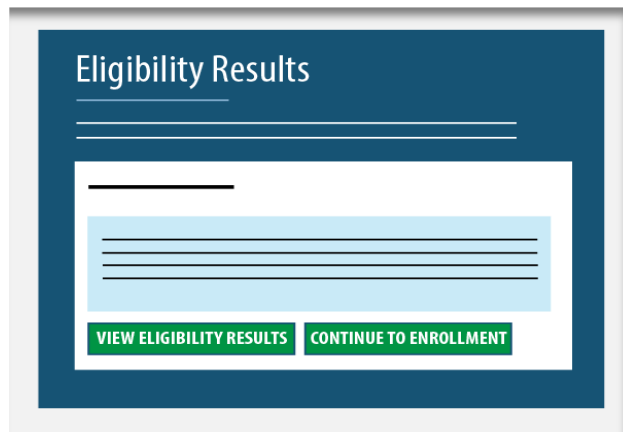
- Income
 - 2023 income projections might be significantly different than the 2021 tax return income in the data hub or the 2022 income projection
- Household size
- Offers of employer-sponsored coverage (family glitch fix???)

The Best Advice: Return to the Marketplace

- Explore new health plan options
 - Changes to premiums and out-of-pocket costs
 - Provider network changes
 - Switching plans outside open enrollment is restricted and requires eligibility for a special enrollment period (SEP)
- Cancel unwanted plans
 - Includes canceling old plan when someone enrolls in Medicaid/CHIP

Two-Step Process

Redetermination



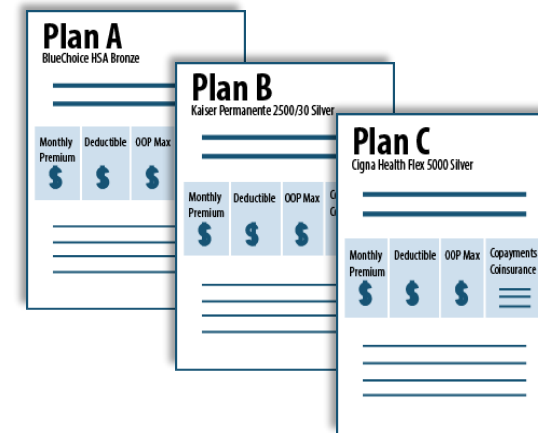
Active Renewal

- Enrollee provides updated information about household size, income, and employer coverage offer(s)

Passive Renewal

- Process HealthCare.gov uses to assess continued eligibility and amount of financial help

Re-enrollment

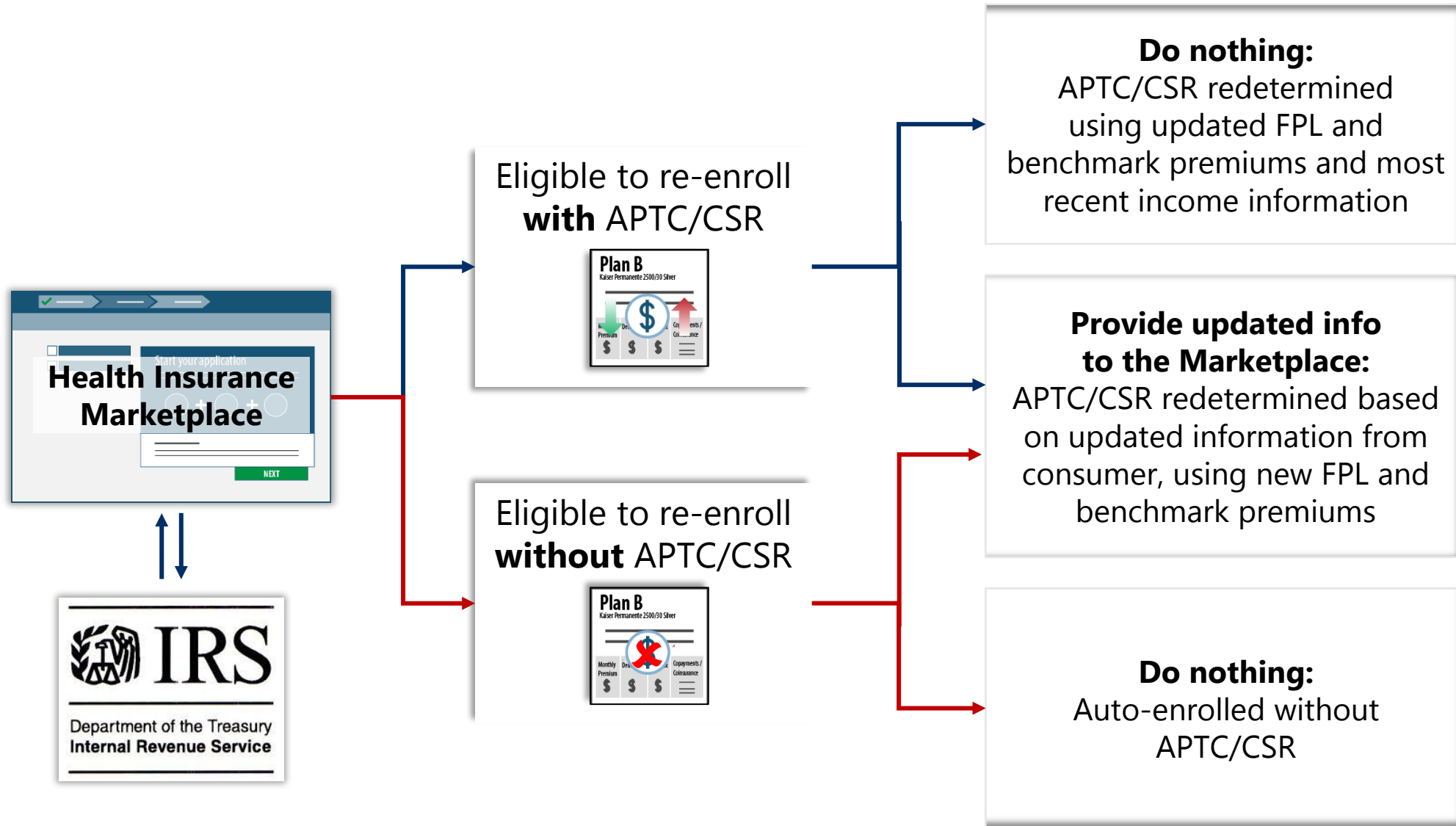


- Enrollee has updated PTC and CSR information and shops for a 2023 plan. They enroll in the plan *they* choose.
- Process HealthCare.gov uses to assign a 2023 plan ("auto re-enrollment")

Redetermination of APTC by HealthCare.gov



Redetermination Process for HealthCare.gov



Notices About Redetermination Process

For more information on Marketplace notices, see sample notices from CMS: marketplace.cms.gov/applications-and-forms/notices.html

Marketplace Open Enrollment Notice (MOEN)

- Description of redetermination and re-enrollment process based on the enrollee's situation
- Emphasizes the importance of updating application and comparing plan options
- If eligible, explanation of how amount of APTC/CSR will be determined for 2023 if enrollee does not contact HealthCare.gov
- For certain groups, they will include a warning that if no action is taken, they'll be re-enrolled but WITHOUT APTC or CSR

2022 Application ID: #####

Act now to get financial help with Marketplace coverage in 2023

Review your Health Insurance Marketplace® coverage and costs for next year. The following people are currently enrolled in coverage with financial help through the Marketplace:

- John Smith

The Marketplace Open Enrollment Period is November 1, 2022 – January 15, 2023. During this time, you can shop for new Marketplace coverage or choose to stay in the same type of plan, if it's still right for you. You must enroll by December 15, 2022 for your plan's coverage to start on January 1, 2023.

You're currently getting financial help with your Marketplace health plan costs each month. However, you're at risk for losing this financial help for 2023 because you haven't given the Marketplace permission to use your tax return information to confirm you still qualify for help.

You won't be eligible for financial help if we don't have complete information about your taxes and income, even if you were eligible in the past. To have the best chance of keeping your financial help, consider letting the Marketplace use your tax return information for future eligibility renewals. Visit HealthCare.gov to update your application and at the end, agree to let the Marketplace use your tax information in the future. Call the Marketplace Call Center if you need help.

Your 2023 Marketplace coverage will start according to the date you select a plan:

Date of plan selection for 2023 coverage	Coverage effective date
November 1 – December 15	January 1
December 16 – January 15	February 1

Eligible for Redetermination of APTC

Standard Group:

- Authorized HealthCare.gov to pull tax data related to income and household size
- Updated their application in 2021 or 2022
- Enrolled in 2022 coverage with APTC and/or CSR
- Don't fall into one of the special groups that cannot be redetermined



IF NO ACTION TAKEN: Automatically re-enrolled with redetermined APTC/CSR

Not Eligible for Redetermination of APTC

Opt-Out Group:

- **Did not authorize** HealthCare.gov to pull tax data related to income and household size
- ! *HealthCare.gov cannot look up most recent income information to redetermine eligibility*

Repeat Passive Group:

- **Auto-renewed for past two years**, did not return to the HealthCare.gov to update eligibility in those years, and no IRS information on income for those years
- ! *Available income information cannot be used to redetermine eligibility*

Not Currently Receiving APTC/CSR:

- Enrolled at HealthCare.gov but not currently receiving APTC and/or CSR
- ! *Might be eligible for APTC/CSR but need to return to HealthCare.gov to claim it*



IF NO ACTION TAKEN: Automatically re-enrolled but without APTC/CSR

Failure to Reconcile Group

Failure to File & Reconcile Group (FTR)*:

**Not being acted on for the 2021, 2022, or 2023 coverage years*

- Received APTC in 2021 but **didn't file taxes or filed but didn't reconcile APTC** received for that year

Typical Year

- ! *Not eligible for APTC until applicant files and attests in the application to reconciling 2021 APTC*
- ! *Will get a special paper-only FTR warning notice*



IF NO ACTION TAKEN: Automatically re-enrolled but without APTC/CSR

Coverage Years 2021, 2022, 2023

- ! *HealthCare.gov is not acting on FTR status*
- ! *People with FTR status will not have their filing/reconciliation status rechecked or have their financial help discontinued*



IF NO ACTION TAKEN: Automatically re-enrolled with redetermined APTC/CSR

People must still file taxes and reconcile APTC.

What Happens if Someone is Renewed Without APTC?

- Someone who is ineligible for APTC and can't afford the full premium must terminate their plan to avoid auto-renewal and being billed for January

Don't want your current coverage to continue into 2023?

You can choose to end all of your Marketplace coverage on 12/31/2022. If you do this, we won't automatically enroll you in coverage next year.

STOP COVERAGE FOR 2023

- Non-payment puts a person in a grace period
 - The enrollee must catch up on all premiums by the end of the third month of coverage
 - If all premiums aren't paid, coverage will be terminated back to the last day of the first month
 - If they use any services in the second and third months, the insurer won't pay the claims and the enrollee will be responsible for the provider's full charges
 - So, even if coverage is eventually terminated by the insurer, the enrollee is still liable for the January premium

Not Eligible for Auto-Renewal

Member of Enrollment Group has Medicare Coverage:

- If an insurer learns that someone is entitled to Medicare Part A or enrolled in Medicare Part B, insurers will terminate Marketplace coverage for all enrollees on December 31, 2022.
- Any individual who shares a policy with a person enrolled in Medicare will not have coverage renewed for 2023 (even if they are still eligible for enrollment)
- ! *Individuals who are not enrolled in Medicare should return to the Marketplace and re-enroll in coverage*
- ! *If open enrollment has ended, a special enrollment period is available for eligible individuals to re-enroll in coverage*

Should receive notices from:

- **Insurer:** Informing about the termination of coverage and the non-renewal for 2023
- **Marketplace:** Informing individuals that they might be eligible to re-enroll in coverage during open enrollment or during a special enrollment period



IF NO ACTION TAKEN: Coverage will not be renewed for 2023

How is APTC/CSR Redetermined?

Information used to redetermine 2023 APTC and CSR:

- Updated federal poverty guidelines (multiple by percentage change in the FPL between the two years, for applicable family size)
- 2023 benchmark plan premium information
- Most recent income information available, adjusted to 2023 (maintaining FPL level)
 - 2022 projected income
 - If no 2022 projection, use 2021 tax data
 - If neither of the above, use projected 2021 income

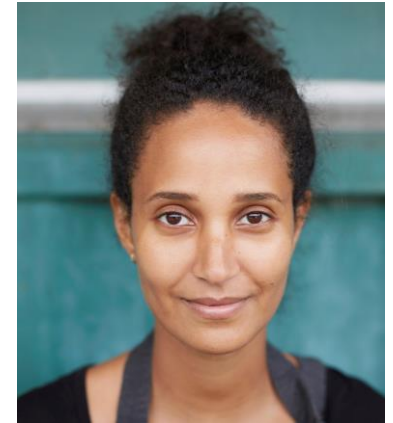
- Nadia updated her income information at open enrollment last year *or during the year* and re-enrolled in 2022 coverage
 - If Nadia doesn't update her income for 2023, HealthCare.gov will adjust her most recent 2022 projected income so that her 2023 FPL matches her 2022 FPL

	2022 Projected Income (2021 federal poverty guidelines)		2023 Adjusted Income
FPL	150%	→	150%
Adjusted Income	\$19,320		\$20,385

- Bryony enrolled in 2021 and was auto-renewed for 2022. She didn't update her projected income at any point in 2022.
 - HealthCare.gov will use 2021 tax data as the most recent income to be adjusted

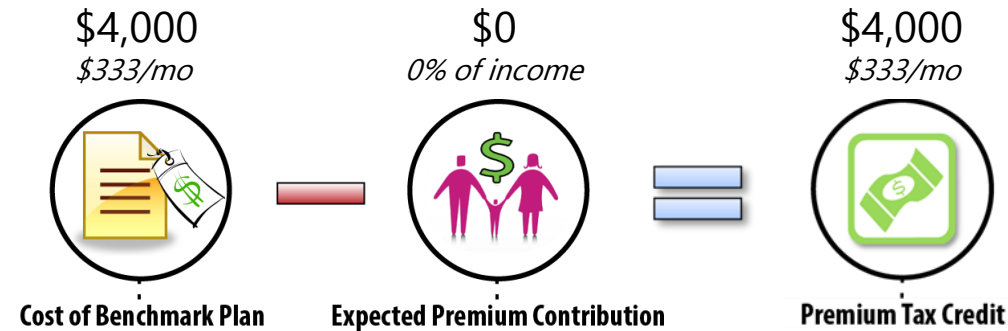
	2021 Tax Data (2020 federal poverty guidelines)		2023 Adjusted Income
FPL	265%	→	265%
Adjusted Income	\$33,814		\$36,012

Example: Redetermining Nadia's APTC (no income update)



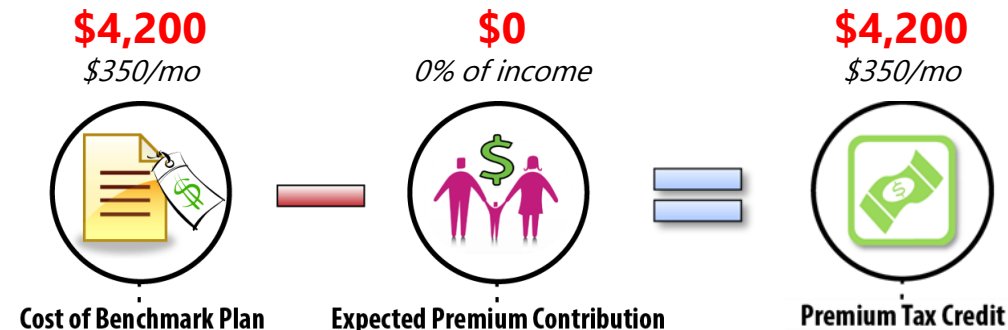
At the last OE, Nadia's 2022 projected household income was \$19,320 (150% FPL based on 2021 federal poverty guidelines)

Nadia's 2022 APTC →

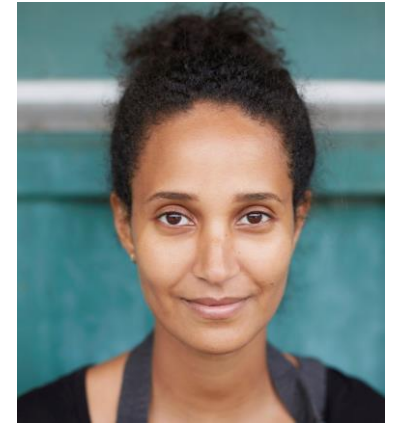


This OE, Nadia's redetermined 2023 income is \$20,385 (adjusting for the 2022 federal poverty guidelines)

Nadia's 2023 APTC →

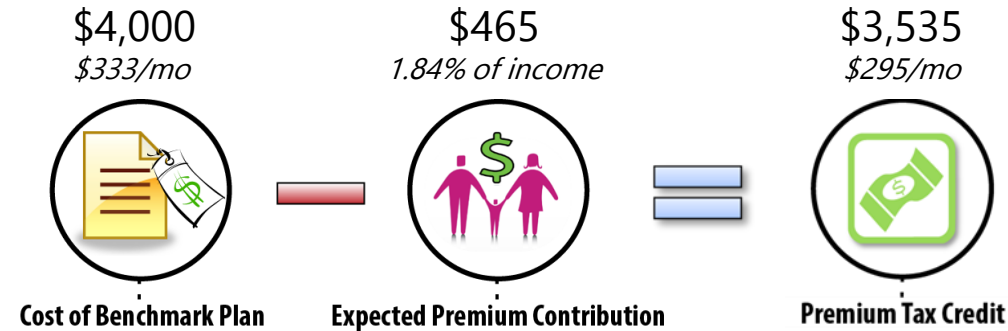


Example: Redetermining Nadia's APTC (income update)

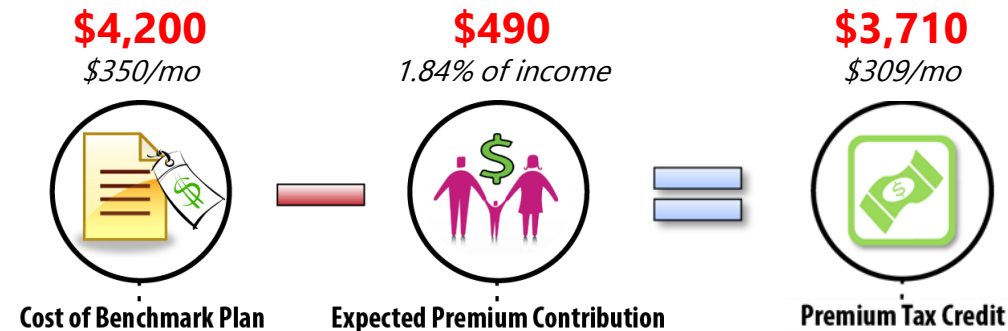


At the last OE, Nadia's 2022 projected household income was **\$19,320** (150% FPL based on 2021 federal poverty guidelines)

During 2022, Nadia updated her income to **\$25,245** (196% FPL based on 2021 federal poverty guidelines)



Nadia's 2023 redetermined income is **\$26,636** (adjusting for the 2022 federal poverty guidelines)



Example: Redetermining Nadia's APTC (passive 2022 enrollment)



In 2021: Nadia enrolled with projected income of \$19,140 (150% FPL based on 2020 federal poverty guidelines) for the 2021 coverage year

In 2022: Nadia was passively re-enrolled with income redetermined as \$19,320 (adjusting for the 2021 federal poverty guidelines).

Also in 2022, she filed her 2021 taxes. Her 2021 household income was \$23,000 (180% FPL based on 2020 federal poverty guidelines).

In 2023: What is Nadia's redetermined income?

Example: Redetermining Nadia's APTC (passive 2022 enrollment)



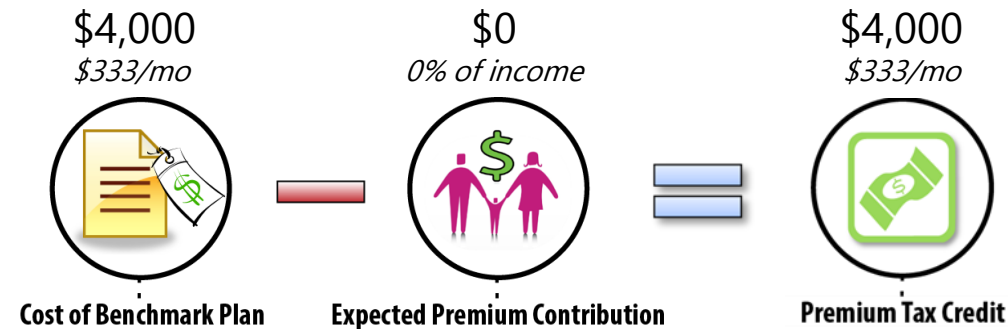
In 2021: Nadia enrolled with projected income of \$19,140 (150% FPL based on 2020 federal poverty guidelines) for the 2021 coverage year

In 2022: Nadia was passively re-enrolled with income redetermined as \$19,320 (adjusting for the 2021 federal poverty guidelines).

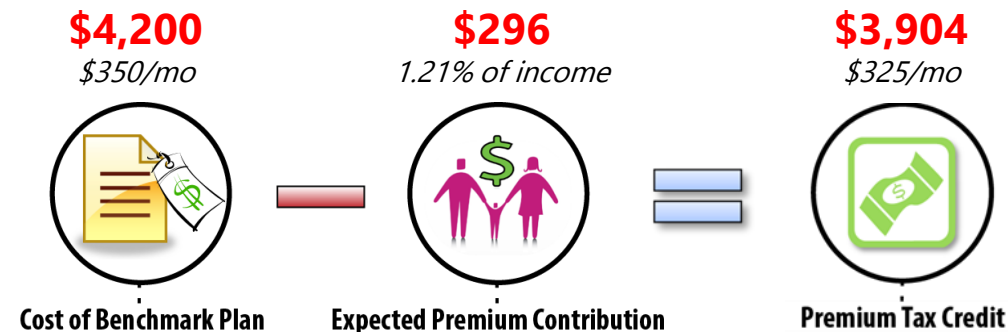
Also in 2022, she filed her 2021 taxes. Her 2021 household income was \$23,000 (180% FPL based on 2020 federal poverty guidelines).

In 2023: What is Nadia's redetermined income?

Nadia's 2022 income was redetermined as \$19,320.



Nadia's 2023 redetermined income will be **\$24,495** (\$23,000 adjusted to the 2022 federal poverty guidelines)



Auto-Enrollment for 2023 Plans in HealthCare.gov



Auto-Enrollment Process

- If no action by December 16, 2022, a person will be auto-enrolled in a plan starting January 1, 2023
 - Subsidies will be adjusted in accordance with the redetermination process for APTC and CSR
- Hierarchy to determine plan for auto-enrollment
 - **First option:** Same plan as previous coverage year
 - **Second option:** If same plan is not available, new plan with same insurer that is as similar as possible to current plan
 - **Third option:** If no plans available from same insurer, new plan with different insurer that is as similar as possible to current plan



*A person can go back to the HealthCare.gov **at any time during open enrollment and pick a different plan (up to Jan 15)***

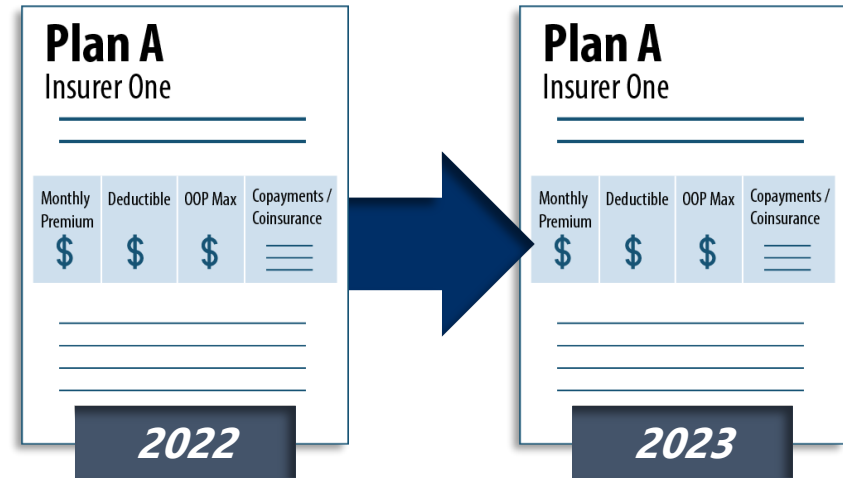
Auto-Enrolled Into the Same Plan

If current plan is still available:

- Will be auto-enrolled in **same plan as previous year**

Notice will contain:

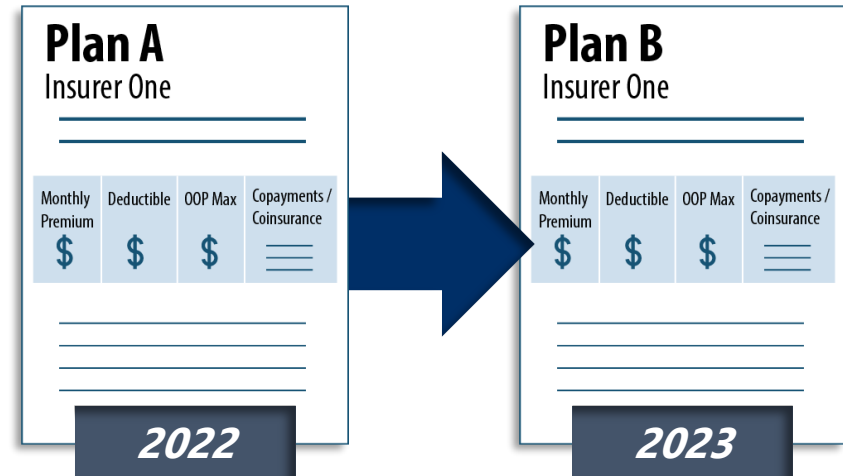
- Premiums, benefits, and cost sharing changes
 - ! Premium will be based on the monthly APTC amount a person currently receives *or* redetermined APTC, depending on the timing of the insurer's notice
- Changes to the plan
- Can return to HealthCare.gov until January 15th to pick a different plan
 - If the enrollee doesn't return by December 15th, they will be auto-enrolled in the same plan starting January 1, but they have the option to change plans until January 15
- Have until December 31st to cancel coverage without incurring any 2023 premiums
 - If the plan isn't canceled, the enrollee will owe a January premium



Auto-Enrolled Into a New Plan

If current plan is **not** available:

- Will be auto-enrolled in **new plan with same insurer**



Notice will contain:

- All elements of the notice for re-enrollment in the same plan, plus eligibility for a special enrollment period due to discontinuation of the previous year's plan

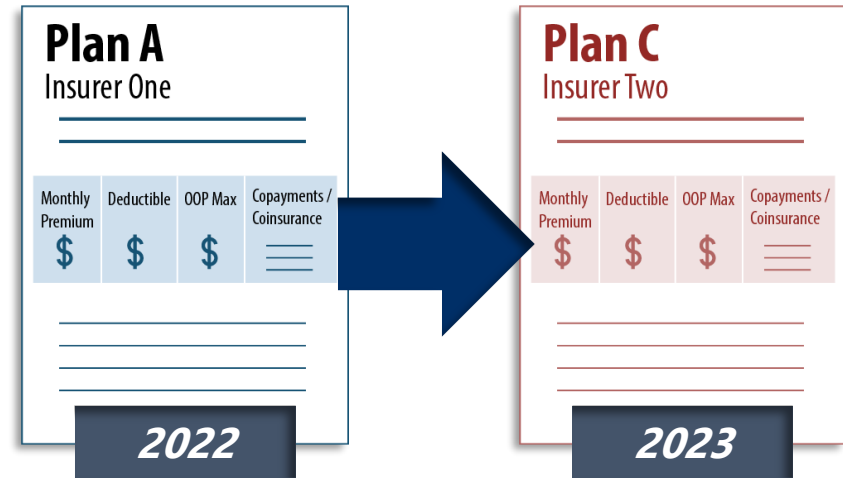
Auto-Enrolled Into a New Plan With New Insurer

If current plan is not available and insurer is no longer selling plans in the HealthCare.gov marketplace:

- Will be matched with **a new plan with different insurer**

Notices to expect:

- A discontinuation notice from the current insurer
 - Eligible for a special enrollment period due to discontinuation of previous year's plan
- A notice from HealthCare.gov that it matched enrollee with a different plan with a different insurer
- A notice from the new insurer ("cross-issuer notice") on new plan and details on paying first month's premium
 - Must pay first month's premium to effectuate coverage (if no January premium payment, enrollment will not go into effect)
 - Have until January 1st to pay first month's premium

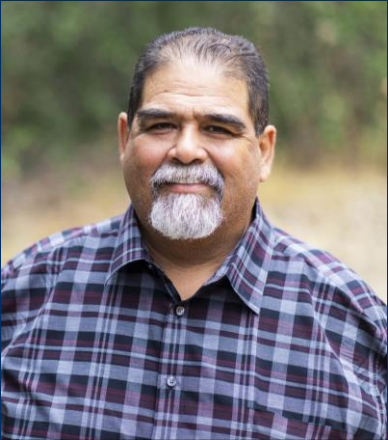


SEP When Auto-Enrolled in New Plan

For more on SEPs, see the
Special Enrollment Period
Reference Chart:
www.healthreformbeyondthebasics.org/sep-reference-chart

- If an enrollee's 2022 plan is discontinued, the enrollee is eligible for a SEP based on loss of other qualifying coverage
- People who are auto-enrolled in a new plan (with a new insurer or with the same insurer) can still change plans up to 60 days BEFORE or AFTER the discontinuation date of 2022 plan (December 31, 2022)
 - If before, the effective date is the first date after loss of coverage
 - If after, the effective date is the first day of the month following plan selection

Example: Auto- Enrollment



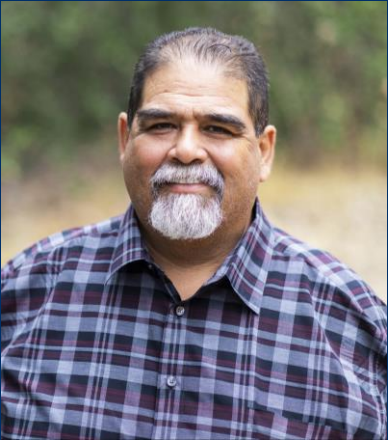
Victor's plan is no longer available at HealthCare.gov:

- He receives
 - A notice from her insurer about discontinuation of his plan
 - A notice that HealthCare.gov matched him with a new plan with a different insurer
 - A notice from the new issuer about the matched plan

Victor checks his HealthCare.gov account on December 20 and sees two issues:

- He has been auto-redetermined for APTC of \$300/month for 2023
 - He expects to make more money in 2023, so he updates his application
 - His APTC eligibility is now \$150/month
- He has been matched with a new plan offered by a new insurer
 - When he updates his application, the matched plan is shown at the top of his options during plan selection
 - He likes the plan and wants to enroll
 - He must pay the first month's premium ("binder payment") to effectuate coverage, which begins January 1, 2023

Example: Auto- Enrollment



But what if Victor wants to change plans?

- When he updates his application, it will note that he is losing coverage December 31, 2022
- Because his plan was discontinued, he is eligible for an SEP

Changing plans after January 1st:

- *If he auto-enrolled in the plan he was matched with:*
 - He will have 60 days after the end of his 2022 plan to use the SEP
 - Coverage will be effective the first day of the month following plan selection
- *If renewal plan is never effectuated:*
 - Victor doesn't pay the first month's premium for the plan he's been matched with, and he is not auto-enrolled in any plan
 - He can still use the SEP to enroll in coverage after January 1, 2023, but he may have a gap in coverage

Notices About Renewal Process

For more information on Marketplace notices, see sample notices from CMS: marketplace.cms.gov/applications-and-forms/notices.html

Eligibility Determination Notice (EDN)

- Everyone gets an EDN
 - Eligibility determination for the upcoming plan year
 - Confirmation of plan name, plan ID, and financial assistance
- No EDN if not successfully re-enrolled
- *Read closely!* Multiple versions of the EDN:
 - Eligible for a QHP and APTC (and cost-sharing reductions)
 - Eligible for a QHP without APTC
 - Mixed eligibility (Medicaid/APTC)
 - Assessed eligible for Medicaid

Health Insurance Marketplace				[Notice date]
Application ID # XXXXXXXXXX Application date: [Date]		2022 Marketplace Eligibility Notice Remember to update your application during the year with any changes.		
Primary contact [Name 1] [Address] [City, State, ZIP]				
Results				
Premium tax credit available for this household: \$XXXX/month		Estimated 2022 income used to determine eligibility for financial help: \$XXXXX/year		
	Name 1	Name 2	Name 3	
Applied for coverage.	•	•	•	
Eligible to enroll in a 2022 Marketplace plan. Enroll by [enrollment deadline].	•	•	•	
Eligible to buy a Catastrophic plan, if available.			•	
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to \$XXXX/month for this household.	•	•	•	
Eligible for cost-sharing reductions: Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.	•	•	•	
Eligibility determination is final after acceptable documents are submitted to the Marketplace.	•	•	•	
Not eligible for Medicaid because this month's household income of \$XXXX is too high.	•	•	•	
You were reviewed for CHIP but don't meet eligibility criteria (age, pregnancy and/or health coverage status).	•	•	•	
ACTION: Next steps				
By [enrollment deadline], choose a Marketplace plan.	•	•	•	
By [deadline to submit], submit documents to confirm citizenship. See Submitting Documents, attached.	•	•	•	
By [deadline to submit], submit documents to confirm household income. See Submitting Documents, attached.		•		
Choose a Silver plan to get cost-sharing reductions.	•	•	•	
Learn more about how you could qualify for Medicaid. See Eligibility Guide, page 7.	•	•	•	
Marketplace coverage start date generally depends on when you select a plan. See Eligibility Guide, page 4.	•	•	•	
To learn when and how you can appeal, see Eligibility Guide, page 8. Questions about results or next steps? See the Eligibility Guide included with this notice.				
For more help HealthCare.gov Marketplace Call Center: 1-800-318-2596 TTY: 1-855-689-4325 LocalHelp.HealthCare.gov (to find an assister)		[State Medicaid program name] [Contact information]	[State Medicaid program name] [Contact information]	

Notices About Renewal Process

For more information on Marketplace notices, see sample notices from CMS: marketplace.cms.gov/applications-and-forms/notices.html

Enrollment Confirmation Message

- Sent if enrollee has not returned to the marketplace for an active plan selection by December 15
 - Eligibility determination for the upcoming plan year
 - Confirmation of plan name, plan ID, and financial assistance
- *Read closely!* Multiple versions of the Enrollment Confirmation:
 - Standard auto-renewal
 - Enrolled with another insurer
 - Enrolled without financial assistance
 - Enrolled but need to submit documents

Action required: You still need to submit documents for your 2021 Marketplace application.

If you don't, you could lose your eligibility for Marketplace coverage and/or your financial help for 2021 and 2022. Visit HealthCare.gov/verify-information to learn more, or call the Marketplace Call Center. This eligibility information for 2022 only applies if your household submits the requested documents, even when you're not automatically enrolled.

You're automatically enrolled in the Marketplace plan(s) below for coverage beginning January 1, 2022.

If you enrolled in a different Marketplace plan after December 15, 2021, your plan's coverage will begin on February 1, 2022, along with any help with costs that might be available to you. The rest of this message explains the status of your coverage for January, and includes important information about why you may want to update your application and check out other plans before Open Enrollment ends on January 15.

Enrolled individuals	Now enrolled in this plan	Will I get financial help for this plan in 2022?
Susan Griffith	[Plan name] Plan ID: [number] Effective: January 1, 2022	Yes. This full amount of your premium tax credit will be applied to your monthly insurance premium: \$306.00. This plan has lower copayments, coinsurance, and deductibles (cost-sharing reductions).

The Marketplace determined your eligibility for financial assistance based on information including your household's projected income for 2022.

You won't have a gap in coverage.

You're automatically enrolled because you didn't select a different Marketplace plan in time for coverage to start on January 1, 2022. In most cases, this plan is either the same plan (or the one most similar to it with your same health insurance company) that you enrolled in for 2021. If that same coverage isn't offered in 2022, the plan may also be with a different health insurance company.

If you already started updating your Marketplace application for 2022 but didn't finish, you're now enrolled in the plan(s) above.

Terminating Coverage

Don't want your current coverage to continue into 2023?

You can choose to end all of your Marketplace coverage on 12/31/2022. If you do this, we won't automatically enroll you in coverage next year.

[Stop coverage for 2022.](#)

Terminate coverage

You can terminate (end) your Marketplace coverage.

To end your coverage in **all** plans and programs (including dental plans), select "END (TERMINATE) ALL COVERAGE."

To end your coverage in all or some **dental** plans, select "END (TERMINATE) DENTAL COVERAGE."

Enrolled in 1 plan(s)

**END (TERMINATE) ALL
COVERAGE**

**END (TERMINATE) DENTAL
COVERAGE**

- Enrollees have until December 31st to cancel the current year's coverage and stop auto-renewal
- If coverage isn't stopped, the enrollee may be responsible for January's premium

Tips for Assisters

- Emphasize the importance of updating information and shopping for plans
 - Help people more accurately project 2023 income, especially if their circumstances fluctuate.
- Remind people that auto-enrollment happens after December 15 for January 1 coverage
- Remind people they only have until January 15 (the end of open enrollment) to change plans, unless they qualify for a SEP
 - Look out for people eligible for cost-sharing reductions who choose or are auto-enrolled into a non-silver plan
- Remind people to cancel their plan if they don't wish to re-enroll

Resources

- Guidance on Annual Eligibility Redetermination and Re-Enrollment
 - [Guidance on Failure to Reconcile \(2023\)](#)
 - [Guidance on Failure to Reconcile \(2021 and 2022\)](#)
 - [Guidance for Coverage Year 2019 and Beyond \(PDF\)](#)
 - [Guidance for Coverage Year 2018 \(PDF\)](#)
 - [Guidance for Coverage Year 2017 \(PDF\)](#)
 - [Guidance for Coverage Year 2016 \(PDF\)](#)
- Notices:
 - [Flexibilities for Issuer Renewal and Product Discontinuation Notices \(2022\)](#)
 - [Insurer template notices](#): Coverage renewals or discontinuation
 - [Marketplace notices](#): See *Open Enrollment Notices*

Questions?



Upcoming Webinars

Part VIII: Tying It All Together

- Thursday, October 13 | 2 pm ET (11 am PT)

Part IX: Asistiendo a consumidores hispanos a obtener cobertura médica: consejos y mejores prácticas (en Español)

- Thursday, October 20 | 2 pm ET (11 am PT)

Register for upcoming webinars at
www.healthreformbeyondthebasics.org/events

Contact

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