

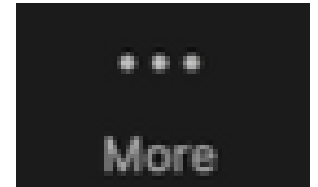


HealthCare.gov Redetermination & Renewal Process for 2024

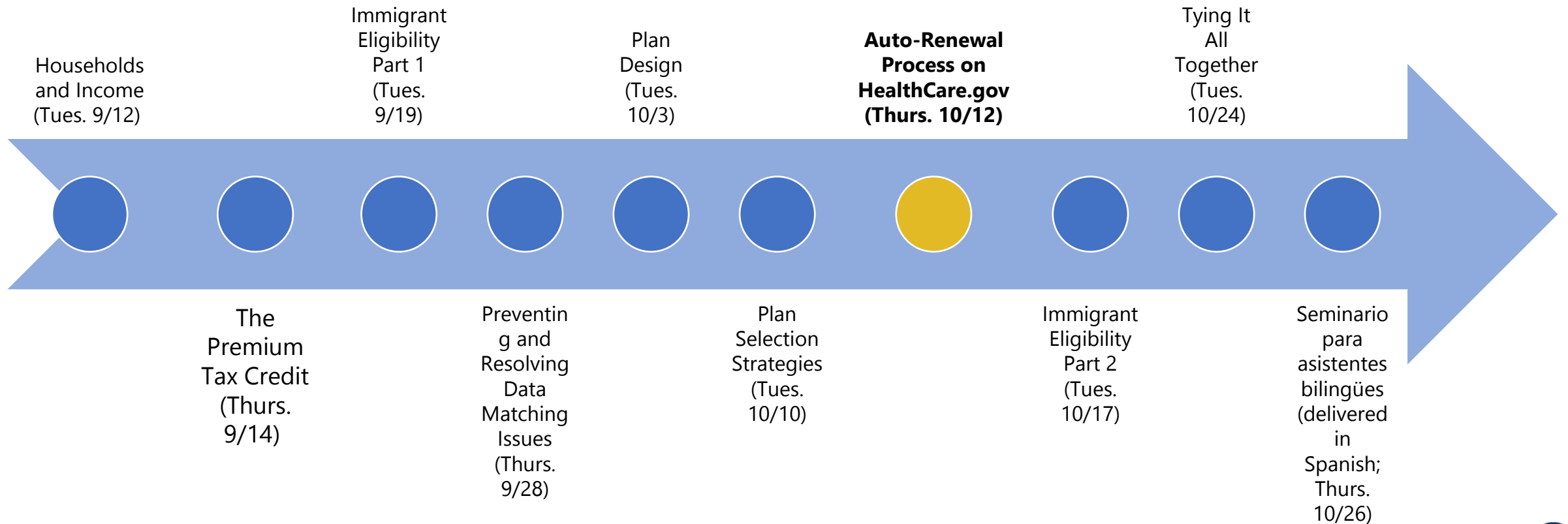
October 12, 2023

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Fall Webinar Series



Register and find recordings and materials from past webinars in the series at:
<https://www.healthreformbeyondthebasics.org/category/webinars/>

Agenda

Redeterminations of APTC/CSR for people who are automatically re-enrolled in 2024 coverage

Re-enrollment in the same or a different plan in 2024 (including new Bronze-to-Silver re-enrollment for some)

Overview of the notices sent by HealthCare.gov and insurers

Celebrating 10 Years of Coverage



Cynthia Nunley

Navigator, Enroll Wyoming

Years in Role: 10

Advice to Assisters

“As a member of the inaugural Enroll Wyoming team, I quickly learned that it was we, together, who made a positive difference in peoples' lives by demonstrating respect, instilling trust, and caring enough to stick with consumers until they had the answers they needed. Being a non-Medicaid Expansion state, gaining health insurance has not always been the result, but our support as consumers gained sufficient knowledge and empowerment to change their lives, has more often than not led to positive outcomes over time.

My most valuable lesson I would pass on is, never be afraid to ask questions of, nor ask for help from others in our assister community, because we are on the frontline for helping consumers who often have no other place to go.”

Celebrating 10 Years of Coverage



Elizabeth Kostichka

Owner/President & Broker, Wisconsin Insurance Services

Years in Role: 10

Advice to Assistors

“Being an effective bilingual assister means a lot to me because my community can depend on me, they know I will be here when they need me and will take the time to listen to their needs/concerns and advise them on their options. I take all the necessary certifications and stay up to date with the insurance carriers so I know what they offer and what changes every year. Being dependable year after year, they know where to find me and I am always available to them by phone, email, text, WhatsApp, and Messenger. A valuable lesson I learned is that every person's situation is different, listen carefully and with compassion no matter how long it will take to "untangle" their situation, it is very rewarding when it is solved, it brings peace to them and an amazing feeling as an advisor/broker.”

2024 Open Enrollment

HealthCare.gov’s open enrollment period: November 1, 2023 through January 16, 2024*

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 2023							DECEMBER 2023							JANUARY 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4						1	2	31	1	2	3	4	5	6
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31			

*Open enrollment on HealthCare.gov typically ends January 15, but will end on January 16, 2024 because of the federal holiday on January 15, 2024.

- Coverage effective date = January 1, 2024
- Automatic reenrollment with coverage effective date = January 1, 2024
- Coverage effective date = February 1, 2024

2024 Open Enrollment Dates

October 15, 2023

Idaho

December 15

November 1, 2023

Colorado
Connecticut
Kentucky*
Maryland

Maine
Minnesota
Nevada
New Mexico

Pennsylvania
Vermont
Virginia
Washington

HealthCare.gov**

January 15

Massachusetts

January 23

California
DC
New Jersey
Rhode Island

January 31

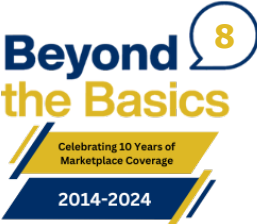
November 16, 2023

New York

January 31

*In Kentucky, open enrollment will end on January 16, 2024 to account for the Martin Luther King Jr. Day holiday.

**States that use HealthCare.gov: AL, AK, AZ, AR, DE, FL, GA, HI, IL, IN, IA, KS, LA, MI, MS, MO, MT, NE, NH, NC, ND, OH, OK, OR, SC, SD, TN, TX, UT, WV, WI, WY



Encourage Active Re-enrollment



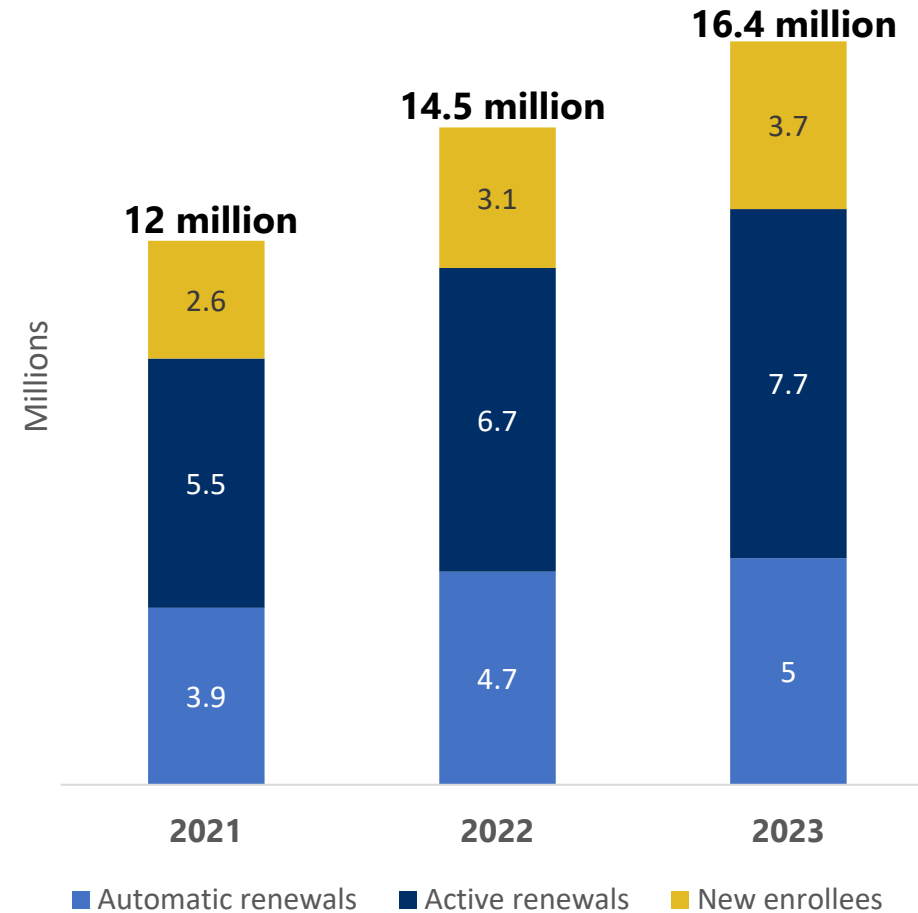
Where Did Enrollees Land in 2023?

The American Rescue Plan Act (and the Inflation Reduction Act) created big opportunities for higher APTC/lower premiums over the last three years that will continue in 2024 and 2025.

Nationwide, **16.4 million** people enrolled in marketplace coverage for 2023

- **3.7 million** new enrollees (21 percent more than in 2022)
- **12.7 million** returning enrollees
 - **7.7 million** enrollees actively renewed (61% of renewals)
 - **5 million** enrollees automatically redetermined

Marketplace Enrollment (all states)



The Best Advice: Return to the Marketplace

Why to Update

- Get the most accurate eligibility determination for:
 - Medicaid/CHIP
 - Premium tax credit (PTC)
 - Higher PTCs continue in 2024
 - Avoid owing some/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
 - 2024 income projections might be significantly different than the 2022 tax return income in the data hub or the 2023 income projection
- Household size
- Offers of employer-sponsored coverage
- People in household no longer eligible for Medicaid/CHIP

The Best Advice: Return to the Marketplace

Explore new health plan options

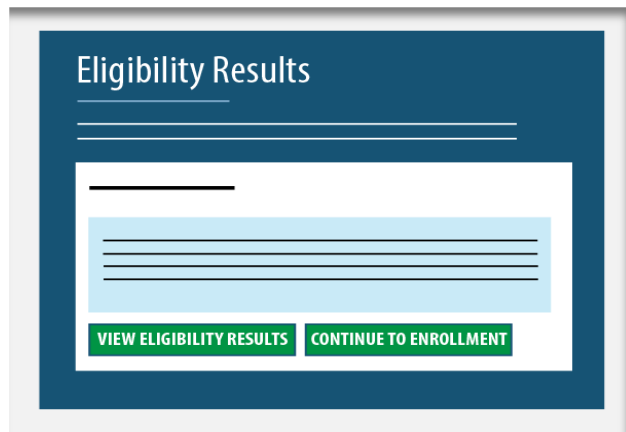
- Changes to premiums and out-of-pocket costs
- Provider network changes
- Switching plans outside open enrollment is restricted and requires eligibility for a special enrollment period (SEP)

Cancel unwanted plans

- Includes canceling old plan when someone enrolls in Medicaid/CHIP

Two-Step Renewal Process

Step 1: Redetermination



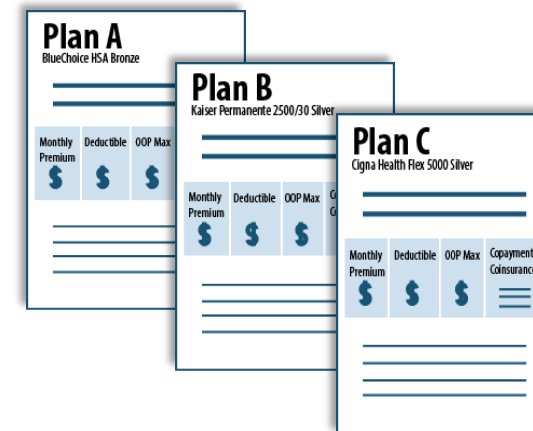
Active Renewal

- 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

Step 2: Re-enrollment



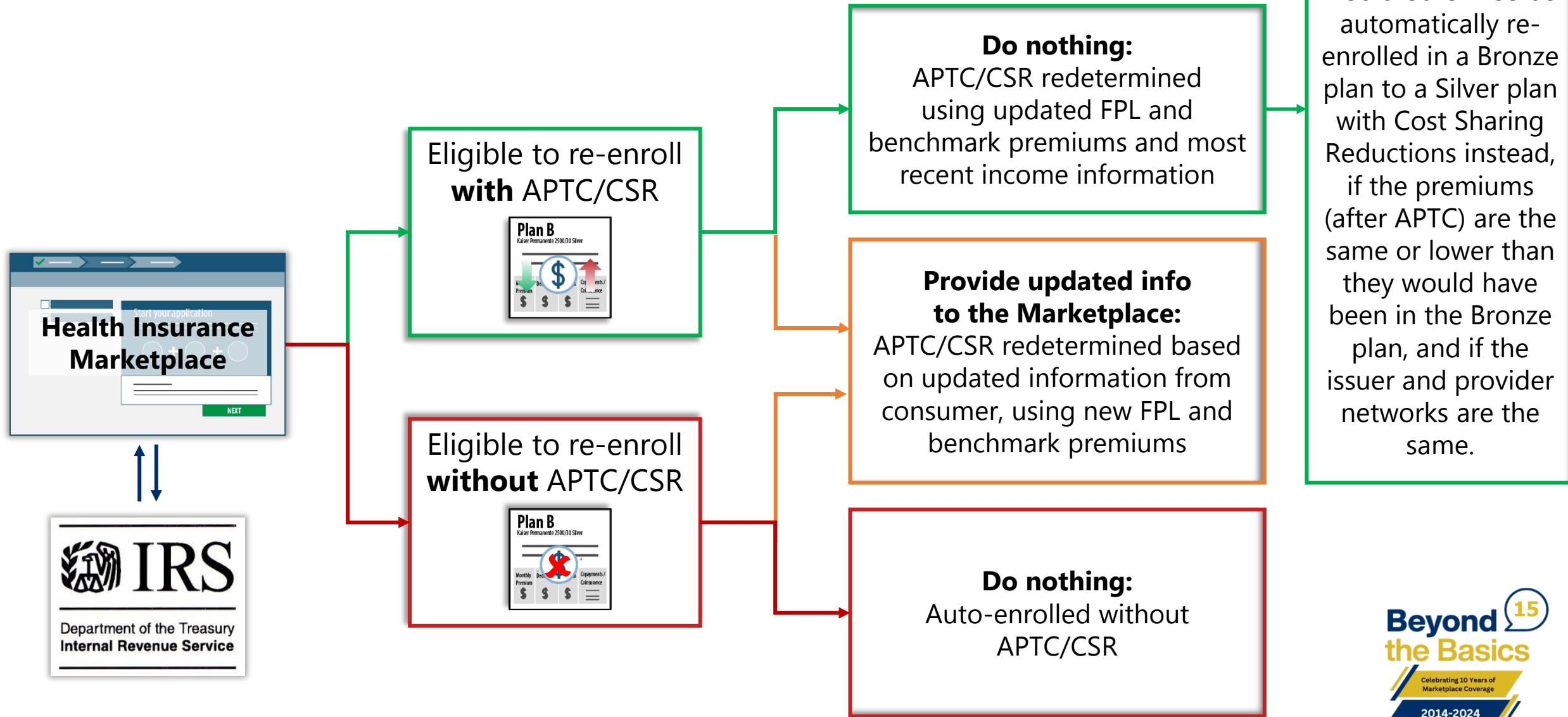
- Enrollee has updated PTC and CSR information and shops for a 2024 plan. They enroll in the plan *they* choose.
- Process HealthCare.gov uses to assign a 2024 plan ("auto re-enrollment")

– Changes coming this year –

Redetermination of APTC by HealthCare.gov



Eligibility Redetermination Process - HealthCare.gov



Notices About the 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 2024 if enrollee does not contact HealthCare.gov

For certain groups, includes a warning that if no action is taken, person will be re-enrolled but WITHOUT APTC or CSR

2023 Application ID: 4393158526

**Open Enrollment starts November 1:
Confirm your coverage & financial help for 2024**

It's time to review your Health Insurance Marketplace® coverage and costs for next year. Our records show that you may qualify for extra savings on out-of-pocket costs for 2024 coverage. The following people are currently enrolled in Marketplace coverage with financial help:

- William Johnson

The Marketplace Open Enrollment Period is November 1, 2023 – January 15, 2024. Update your application and enroll in a plan by December 15, 2023 for your plan's coverage to start on January 1, 2024.

Your 2024 Marketplace coverage will start according to the date you select a plan:

If you enroll in a plan:	Coverage starts:
November 1 – December 15	January 1
December 16 – January 15	February 1

What should I do next?

1. Review information about your coverage and costs for 2024. Watch for a letter from your insurance company. They'll contact you by November 1 with important information about your plan.
 - Review your letter to find out your updated plan ID number, and to get details about any changes to the plan (like cost changes to deductibles, copayments, and your monthly premium).
 - Call your health insurance company if you have questions about plan benefits, which providers are in network, or plans available in your area.
 - If your letter says your health insurance company won't offer coverage in your area for 2024,

1693252107813 1

Eligible for Redetermination of Financial Help

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 Financial Help

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

NEW (pending IRS readiness): Marketplace will determine people ineligible for APTC if the applicable tax filer did not file and reconcile past APTCs for **two consecutive tax years**

Failure to File & Reconcile Group (FTR):

- Received APTC in the previous two years but **didn't file taxes or filed but didn't reconcile APTC** received for those years
- ! *Will be notified of FTR status and how to demonstrate compliance by the 12/15 deadline*
- ! *Not eligible for APTC until applicant files and attests in the application to reconciling the previous years' APTC*



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

IMPORTANT: IRS is not yet ready to implement this functionality. FTR status will **not** result in terminated APTC/CSR until the IRS can support this approach. CMS will provide at least three months' notice before implementing this new approach to FTR.

What Happens if Someone Is Renewed Without APTC?

For more information on grace periods, see [Beyond the Basics FAQ: Premium Payments and Grace Periods](#)

Don't want your current coverage to continue into 2024?

You can choose to end all of your Marketplace coverage on 12/31/2023. If you do this, we won't automatically enroll you in coverage next year.

STOP COVERAGE FOR 2024

Someone who is ineligible for APTC must cancel their plan to avoid auto-renewal and being billed for the full premium January

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 in the enrollment group is entitled to Medicare Part A or enrolled in Medicare Part B, insurers will terminate Marketplace coverage for all enrollees in the enrollment group on December 31, 2023.
- Any individual who shares a policy with a person enrolled in Medicare will not have coverage renewed for 2024 (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*

People in this situation should receive notices from:

- **Insurer:** Informing about the termination of coverage and the non-renewal for 2024
- **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 2024

Calculating APTC at Redetermination



How is APTC/CSR Redetermined?

For more information, see Beyond the Basics FAQ: [Auto-Renewal of Advance Premium Tax Credits on HealthCare.gov](#)

Information used to redetermine 2024 APTC and CSR:

- 2023 federal poverty guidelines
- 2024 benchmark plan premium information
- Most recent income information available, adjusted to 2024 (multiply by rate of growth in FPL from 2022 or 2023 to 2024; see table on right)
 1. 2023 projected income
 2. If no 2023 projection, use 2022 tax data
 3. If neither of the above, use projected 2022 income

Rate of Growth in the Federal Poverty Level

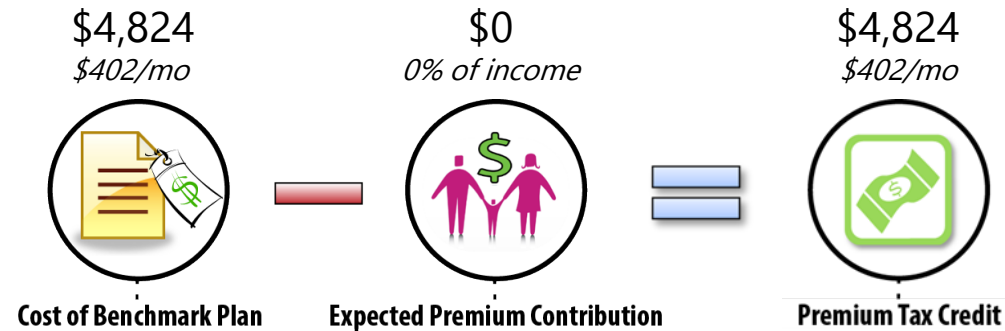
Household size	From coverage year 2022 to 2024	From coverage year 2023 to 2024
1	1.1320	1.0728
2	1.1320	1.0770
3	1.1321	1.0795
4	1.1321	1.0811

Example: Redetermining APTC (no income update)



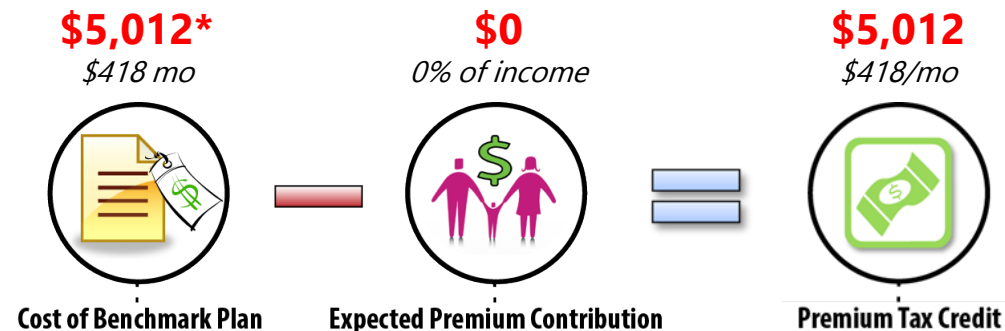
At the last OE, Manuel's 2023 projected household income was **\$20,385** (150% FPL based on 2022 federal poverty guidelines)

Manuel's 2023 APTC →



This OE, Manuel's redetermined 2024 income is **\$21,869** (adjusting for the 2023 federal poverty guidelines)

Manuel's 2024 APTC →



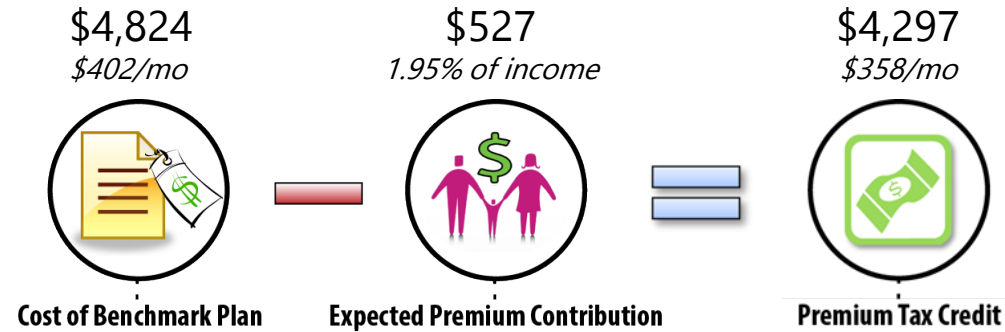
*New benchmark premium; every year, the marketplace has new plans and prices

Example: Redetermining APTC (income update)

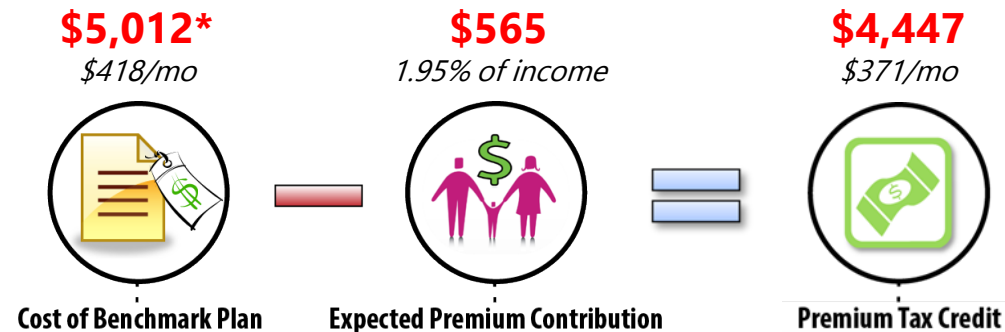


At the last OE, Manuel's 2023 projected household income was **\$20,385** (150% FPL based on 2022 federal poverty guidelines)

During 2023, Manuel updated his income to **\$27,000** (200% FPL based on 2022 federal poverty guidelines)



Manuel's 2024 redetermined income is **\$28,966** (adjusting for the 2023 federal poverty guidelines)



*New benchmark premium; every year, the marketplace has new plans and prices

Example: Redetermining APTC (passive 2023 re-enrollment)



Coverage year

2022	Manuel enrolled for the first time, with a projected income of \$19,320 (150% FPL based on 2021 federal poverty guidelines) for the 2022 coverage year
2023	Manuel was passively re-enrolled with income redetermined as \$20,385 (adjusting for the 2022 federal poverty guidelines). Also in 2023, he filed his 2022 taxes. His 2022 household income was \$23,250 (181% FPL based on 2021 federal poverty guidelines).
2024	What will the marketplace use for his 2024 income?

- Income used for passive renewal last year (\$20,385) adjusted for 2023 FPL guidelines
- Income from his 2022 taxes (\$23,250)
- Income from his 2022 taxes (\$23,250) adjusted for 2023 FPL guidelines

Example: Redetermining APTC (passive 2023 re-enrollment)



Coverage year

2022	Manuel enrolled for the first time, with a projected income of \$19,320 (150% FPL based on 2021 federal poverty guidelines) for the 2022 coverage year
2023	Manuel was passively re-enrolled with income redetermined as \$20,385 (adjusting for the 2022 federal poverty guidelines). Also in 2023, he filed his 2022 taxes. His 2022 household income was \$23,250 (181% FPL based on 2021 federal poverty guidelines).
2024	What will the marketplace use for his 2024 income?

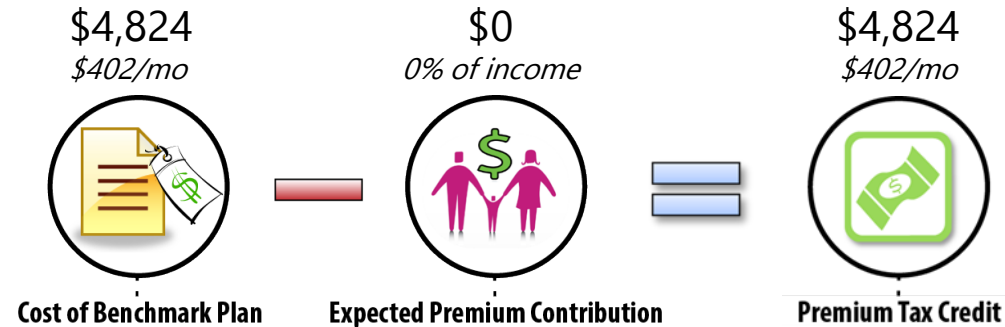
- ~~a. Income used for passive renewal last year (\$20,385) adjusted for 2023 FPL guidelines~~
- ~~b. Income from his 2022 taxes (\$23,250)~~
- c. Income from his 2022 taxes (\$23,250) adjusted for 2023 FPL guidelines**

Example: Redetermining APTC (passive 2023 enrollment)

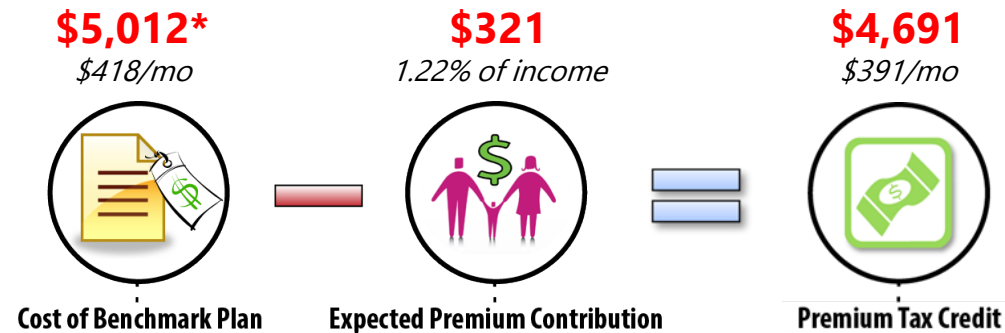


Manuel enrolled in 2022 and was passively reenrolled for 2023. When he filed taxes in spring 2023, his 2022 income was \$23,250 (150% FPL based on 2022 federal poverty guidelines)

Manuel's 2023 income was redetermined as **\$20,385** (his projected 2022 income adjusted for 2022 federal poverty guidelines).



Manuel's 2024 redetermined income will be **\$26,319** (\$23,250 from his 2022 taxes adjusted to the 2023 federal poverty guidelines)



With passive renewal, Manuel will go from paying no monthly premium to paying \$27/month (\$321/12)

*New benchmark premium; every year, the marketplace has new plans and prices

Q&A



Auto-Enrollment for 2024 Plans in HealthCare.gov

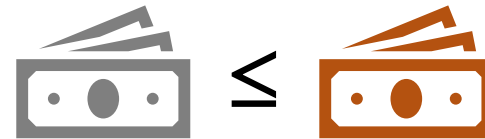


New: Bronze to Silver Auto Reenrollment

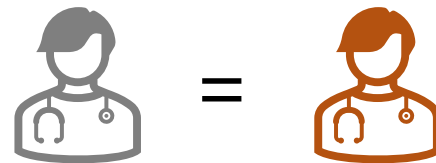
To view sample bronze-to-silver notices, see: <https://www.cms.gov/marketplace/in-person-assisters/applications-forms-notices/notices>



New for 2024: People eligible for cost sharing reductions who are enrolled in a bronze plan and do not actively select a new plan during Open Enrollment will be **automatically re-enrolled in a silver plan (from the same issuer/same product) IF:**



The silver plan has the same or lower premiums than the bronze plan, after accounting for APTCs



The silver plan has the same provider network as the bronze plan (or as the bronze plan the person would have been automatically reenrolled in, if their current year bronze plan is no longer available)

Example: Bronze-to-Silver

Ambetter from Absolute Total Care
[CMS Standard Bronze](#)
 Bronze | HMO | Plan ID: 792225C0010030 | Rating ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$0.00 /month <small>Including a \$348 tax credit was \$260.10</small>	Add yearly cost	\$9,100 <small>Individual total (health & drug combined)</small>	\$9,100 <small>Individual total</small>

You pay
 Check what you pay when you get care

Primary care	No charge after deductible
Specialist care	No charge after deductible
Urgent care	No charge after deductible
Emergency room	No charge after deductible
Outpatient mental health	No charge after deductible
Generic drugs	No charge after deductible

[View plan details](#) for full list of benefits, limits, and exclusions.

Ambetter from Absolute Total Care
[CMS Standard Silver](#)
 Extra savings | Easy pricing | Silver | HMO | Plan ID: 792225C0010032 | Rating ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$0.00 /month <small>Including a \$348 tax credit was \$347.58</small>	Add yearly cost	\$0 <small>Individual total (health & drug combined)</small>	\$1,700 <small>Individual total</small>

You pay
 Check what you pay when you get care

Primary care	No charge
Specialist care	\$10 per visit from day 1
Urgent care	\$5 per visit from day 1
Emergency room	25%
Outpatient mental health	No charge
Generic drugs	No charge

[View plan details](#) for full list of benefits, limits, and exclusions.

Bronze

Silver

Issuer	AmBetter	AmBetter	Same
Network type	HMO	HMO	
Premium	\$0 after APTC	\$0 after APTC	
Deductible	\$9,100	\$0	Lower cost sharing
OOP max	\$9,100	\$1,700	
Primary care visit	No charge <i>after deductible</i>	No charge	
Specialist	No charge <i>after deductible</i>	\$10/visit on day 1	

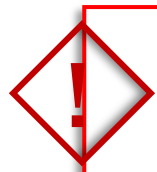
Auto-Enrollment Process

If no action is taken by December 16, 2023, a person will be auto-enrolled in a plan with a January 1, 2024 start date

- Financial help will be adjusted based on 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 (through Jan. 15)

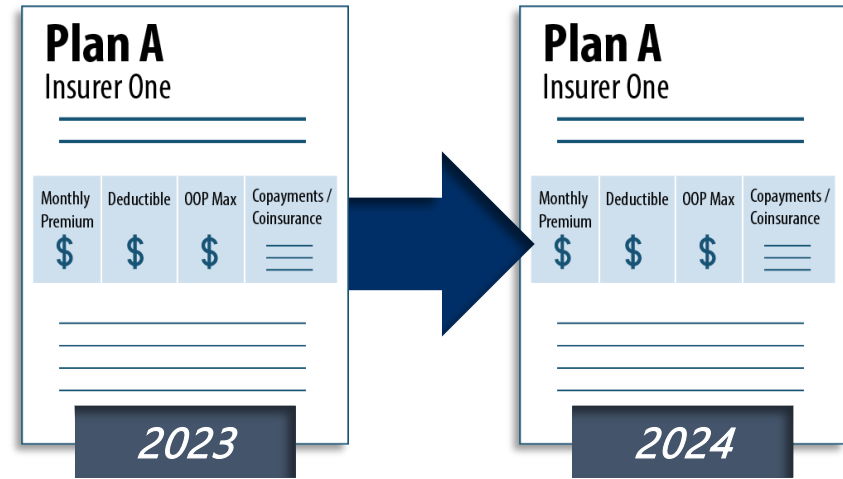
Auto-Enrolled Into the Same Plan

If current plan is still available:

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

Notice will contain:

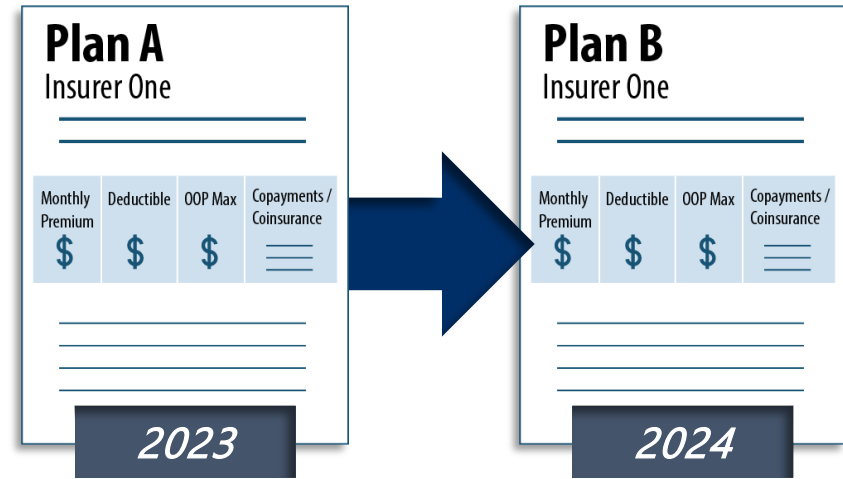
- Premiums, benefits, and cost sharing changes
 - ! Premium will be based on the monthly APTC amount a person currently receives *or* redetermined APTC, depending on the timing of the insurer's notice
- Changes to the plan
- Reminder that the person can return to HealthCare.gov until January 15th to pick a different plan
- Reminder that the person has until December 31st to cancel coverage without incurring any 2024 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:

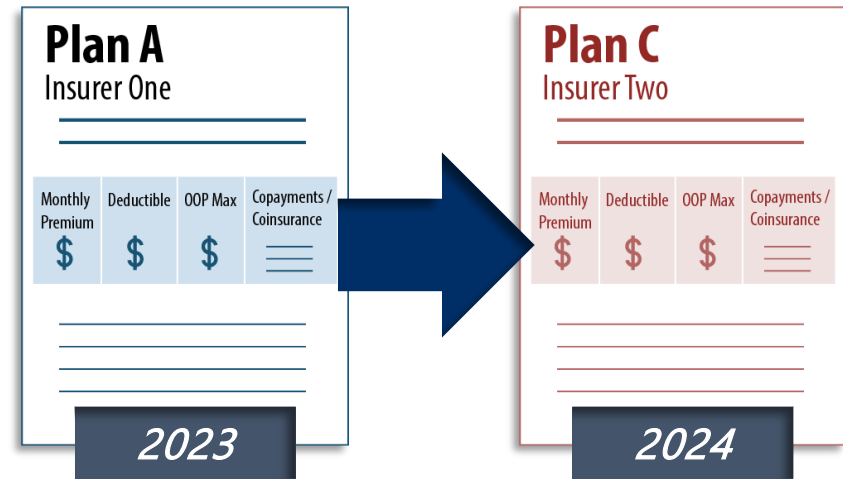
A discontinuation notice from the current insurer

- 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 2023 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 2023 plan (December 31, 2023)

- If before, the effective date is the first date after loss of coverage (so January 1, 2024)
- If after, the effective date is the first day of the month following plan selection (either February 1 or March 1, 2024)

Example: Auto- Enrollment



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

He receives

- A notice from his 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

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

He has been auto-redetermined for APTC of \$315/month for 2024

- He expects to make more money in 2024, so he updates his application
- His APTC eligibility is now \$250/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, 2024

Example: Auto- Enrollment



But what if Sam wants to change plans?

When he updates his application, it will note that he is losing coverage December 31, 2023

Because his plan was discontinued, he is eligible for an SEP

Changing plans after January 1st:

- *If he enrolls in the plan he was matched with:*
 - He will have 60 days after the end of his 2023 plan to use the SEP
 - Coverage will be effective the first day of the month after he chooses a plan, as long as he pays the first month's premium
- *If the renewal plan is never effectuated:*
 - Sam doesn't pay the first month's premium for the plan he's been matched with
 - He can still use the SEP to enroll in coverage after January 1, 2024, but he may have a gap in coverage

Notices About Renewal Process

For more information on Marketplace notices, see: <https://www.cms.gov/marketplace/in-person-assisters/applications-forms-notices/notices>

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 November 18, 2022

Application ID # ##### Application date: November 18, 2022 Primary contact [Name] [Address]	<h3 style="margin: 0;">2023 Marketplace Eligibility Notice</h3> <p style="font-size: small; margin: 0;">Remember to update your application during the year with any changes.</p>
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Results

Household not eligible for a premium tax credit because you said you're married and plan to file taxes separately	Estimated 2023 income used to determine eligibility for financial help: See below
	[Name 1] [Name 2]
Applied for coverage.	● ●
Eligible to enroll in a Marketplace plan until January 15, 2023 .	● ●
Likely not eligible for Medicaid because this month's household income of \$XXXXX is too high.	● ●
You were reviewed for CHIP but likely don't meet eligibility criteria (age, pregnancy and/or health coverage status).	● ●

ACTION: Next steps

By December 15, 2022, choose a Marketplace plan for coverage to start January 1. See Eligibility Guide , page 4.	● ●
Take steps to make sure you get the right amount of financial help. See Eligibility Guide , page 6.	● ●
Learn more about how you could qualify for Medicaid. See Eligibility Guide , page 7.	● ●
You can appeal your eligibility results now. See Eligibility Guide , page 8.	● ●

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: 1-855-889-4325 LocalHelp.HealthCare.gov (for help in your area)	[Medicaid program name]: [phone numbers]	[CHIP program name]: [phone numbers]
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Notices About Renewal Process

For more information on Marketplace notices, see: <https://www.cms.gov/marketplace/in-person-assisters/applications-forms-notices/notices>

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

Health Insurance Marketplace
DEPARTMENT OF HEALTH & HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

John Doe
34 Elsmere BLVD
Wilmington, FL 34112

Nov 16, 2022

2023 Application ID: 6655242

Dear John Doe:

Action required: You still need to submit documents for your 2022 Marketplace application. If you don't, you could lose your eligibility for Marketplace coverage and/or your financial help for 2022 and 2023. Visit [HealthCare.gov/verify-information](https://www.healthcare.gov/verify-information) to learn more, or call the Marketplace Call Center. This eligibility information for 2023 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, 2023.

If you enrolled in a different Marketplace plan after December 15, 2022, your plan's coverage will begin on February 1, 2023, 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 2023?
John Doe	myBlue Silver 2204 (50 Virtual Visits / Rewards \$55) Plan ID: 30252FL0070037 Effective: January 1, 2023	Yes. This full amount of your premium tax credit will be applied to your monthly insurance premium: \$499.00. This plan has lower copayments, coinsurance, and deductibles (cost-sharing reductions).

1

Terminating Coverage

Don't want your current coverage to continue into 2024?

You can choose to end all of your Marketplace coverage on 12/31/2023. If you do this, we won't automatically enroll you in coverage next year.

[Stop coverage for 2023.](#)

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

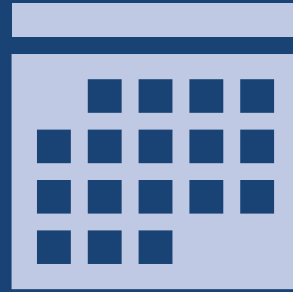


Remember to call the call center if you're not terminating coverage for everyone in the household (who is enrolled in a marketplace plan)

Tips for Assisters



Emphasize the importance of updating information and shopping for plans
Help people more accurately project 2024 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

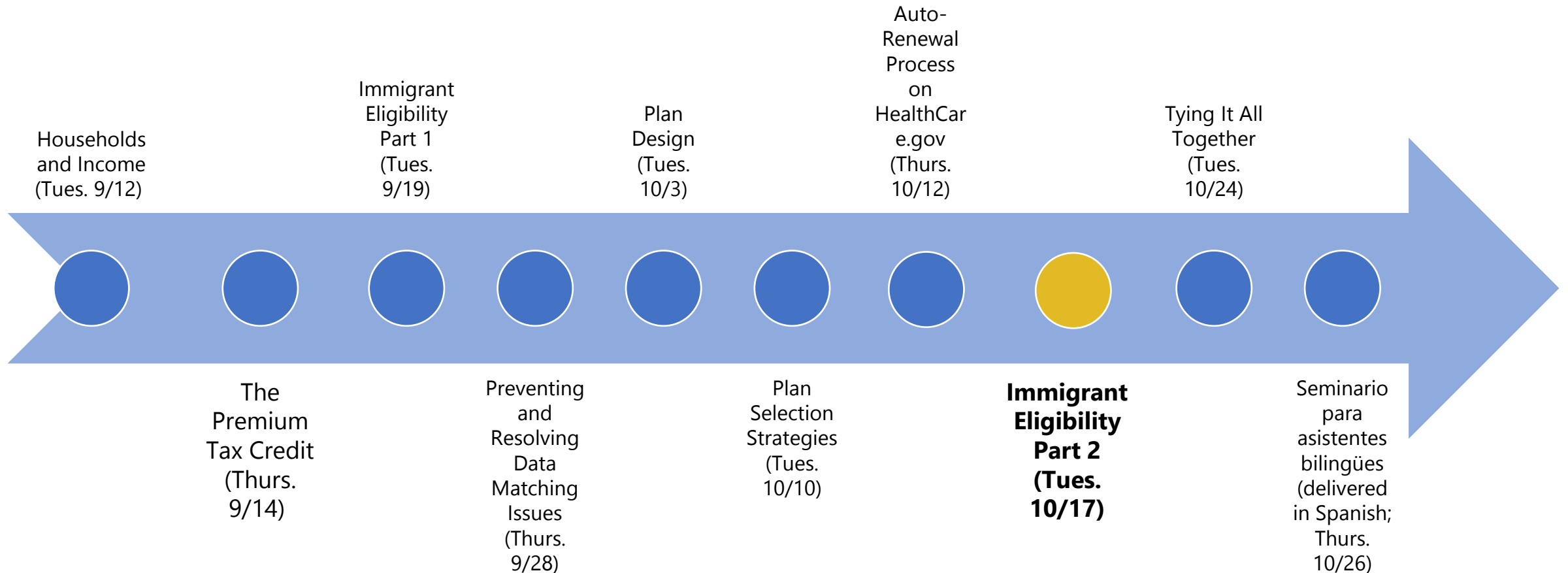


Remind people to cancel their plan if they don't wish to re-enroll

Questions?



Fall Webinar Series



Register and find recordings and materials from past webinars in the series at:
<https://www.healthreformbeyondthebasics.org/category/webinars/>

Resources

Guidance on Annual Eligibility Redetermination and Re-Enrollment

- [Guidance on Annual Redetermination and Re-enrollment for Marketplace Coverage for 2024 and Later Years](#)
- [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*

[2024 Notice of Benefit and Payment Parameters](#) (see pages 82-87 of the PDF for new bronze→ silver crosswalk policy)

Contact

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This is a project of the Center on Budget and Policy Priorities
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