Centers for Medicare & Medicaid Services

2023 Health Insurance Marketplace Open Enrollment Period Stakeholder Webinar

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Webinar recording: https://cms.zoomgov.com/rec/share/-
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Kyla Ellis: Good afternoon, everyone. Thank you for joining. We’ll give everyone a minute or two before we get started. And just so you know, this webinar is being recorded and you will see a button on your screen that you can accept to move forward. Okay, I see most people have been able to get in. Welcome everybody to our third 2023 Health Insurance Marketplace Open Enrollment Stakeholder webinar. I am Kyla Ellis, Senior Advisor to the CMS Administrator. Today I'm joined by several distinguished speakers. Andrea Palm, who is the Deputy Secretary for the Department of Health and Human Services, who will provide opening remarks on behalf of CMS. Maura Calsyn, the Deputy Assistant Secretary for Policy for the Office of the Assistant Secretary of Health at HHS, will provide keynote remarks on behalf of the Women's Week of Action this week. Jeff Grant, who is the Deputy Director of Operations for the Center for Consumer Information and Insurance Oversight (CCIIO), will be providing us with an update on the ongoing 2023 Marketplace Open Enrollment. Joel Ruhter and Aiden Lee from the Office of the Assistant Secretary for Planning and Evaluation will be walking us through ASPE’s recent data on the uninsured population using the 2021 American Community Survey. Stefanie Costello, the Director of the Partner Relations Group at the CMS Office of Communications, will be showcasing our partner resources available for use. Finally, time permitting, I will be moderating the Q&A session at the end.

Before we begin, just a few housekeeping items. As I mentioned and as you probably saw in your pop-up, this session is being recorded. The recording and transcripts will be posted to marketplace.cms.gov following the event. While members of the press are welcome, please note that all press and media questions should be submitted using our Media Inquiry Form which is available at cms.gov/newsroom/media-inquiries. All participants will be muted, and close captioning is available using the link shared in the chat. We will hopefully have time for Q&A towards the end of the webinar, so please go ahead and submit questions using the Q&A function at the bottom of your screen. We will do our best to get to as many as possible during the Q&A session and throughout the webinar as we are able. And with that, it is my absolute pleasure to introduce the HHS Deputy Secretary, Andrea Palm, who will be providing some opening remarks for us. Deputy Secretary, you have the floor.

Andrea Palm: Thanks, Kyla. Hello everybody. It is really great to be with you today. I am as Kyla said I’m Andrea Palm, I’m the Deputy Secretary here at the Department of Health and Human Services, a job for which I am super grateful and privileged to have and to be a part of the HHS family. As part of that, I’m really pleased to be able to be here to talk with you all about the 2023 Open Enrollment Period. It is a real personal pleasure for me to see how much Open Enrollment and the infrastructure of the Affordable Care Act (ACA) have grown since its passage. I really want to thank all of you, our really important stakeholders, for taking time out
of your very busy days to join us today. The work that you all are doing to get people enrolled in Marketplace coverage is really exemplary, fundamental, and foundational to the work we are doing as a part of our broader ACA work here at HHS. It is now certainly more important than it ever has been. As you all know, I'm sure this year, thanks to the Inflation Reduction Act, quality health coverage is affordable and accessible for millions and millions of Americans. Four out of five customers can find health coverage for $10 or less per month after subsidies. The Health Insurance Marketplace provides quality comprehensive health plans for doctor's visits, emergency room care, behavioral health, preventative care, hospital care, and prescription drugs, all really critical components of quality health insurance for families all across this country. So, it is really no wonder that we are breaking records when it comes to enrollment during this Open Enrollment Period. As of today, we know that Marketplace enrollment continues to move at a very fast pace with nearly 5.5 million people who have selected a Marketplace health plan nationwide since we opened Open Enrollment on November 1. Total plan selections include 1.2 million people who are new to the marketplace for 2023, which is encouraging to see, and 4.3 million people who have active 2022 coverage and have returned to their respective Marketplaces to renew, to shop around, to select a plan for 2023. The 5.5 million total plan selections represent an 18% increase from last year. Again, record-breaking, and so encouraging for what we know about the quality and the importance of health coverage to the American people. So, I'm here to thank you for that really remarkably strong showing we have seen, recognizing that we have two days left to ask you all to urge customers to continue to go to healthcare.gov to enroll, to select a plan, and for those who have coverage already to think about shopping and seeing if there might be a more affordable plan that meets their needs but gives them coverage at a lower cost per month. So again, really appreciate your work and encourage us to finish strong in our last two days and double down on our efforts to make sure that as many people as possible are enrolled. We certainly here at the Department are committed to making that connection for as many people as we can to coverage through the Marketplace here in the last two days and are grateful for your partnership in that work. Again, really appreciate everything you have done and everything you will do over the next two days to help us finish strong and really shatter these records that we are seeing broken here in the first number of days of this Open Enrollment Period. So, my really heartfelt and strong appreciation and gratefulness to all of you. With that, I will turn it over as Kyla mentioned upfront to Maura Calsyn, who is our DAS (Deputy Assistant Secretary) for Policy at OASH to take it from here. Thanks so much everybody and good luck these last few days.

Maura Calsyn: Thank you very much Deputy Secretary. I am pinch-hitting today for Assistant Secretary for Health, Rachel Levine, and she very much wanted me to send her regrets. She unfortunately had a last-minute unavoidable conflict. Before I begin talking about the marketplace and ACA, I wanted to take a moment to say if you have not already done so, it is definitely time to get both an updated COVID-19 and flu vaccine and help those around you get vaccinated. As everybody on this call knows, we need as many people six months of age and older as possible to get both of those critical vaccines. The Biden-Harris Administration has made it our mission to strive for health equity for all. We’re going to take a few minutes to talk about some of those efforts and how the ACA is a critical part of that. The U.S. Department of Health and Human Services is committed to advancing healthcare for women and girls. The Office of the Assistant Secretary for Health, where I'm a member of, is fortunate to be home for the Office on Women's Health as well. Today, all of us are here to ask you all to continue to
spread the word that healthcare.gov is open and anyone who needs insurance or wants to switch plans needs to go there before January 15 and millions of women will qualify for financial help if they do so. Four out of five people, as the Deputy Secretary said, can find health insurance for $10 a month for healthcare.gov, and millions more can enroll for coverage for free. The plans available on healthcare.gov as well as other provisions in the ACA are absolutely critical to expanding care to women and girls, particularly women and girls of color, LGBTQI people, people with disabilities, and all of those whose lives are affected by persistent poverty and inequality. This is, of course, as everybody knows, particularly important today as COVID-19 has exacerbated pre-existing economic, health, and caregiving crises that disproportionately impact women and girls and have long before the COVID-19 pandemic struck. The millions of frontline workers, disproportionately women, whose heroic work in our hospitals, grocery stores, our nursing homes, our childcare centers, domestic violence shelters, and elsewhere kept us going during the darkest periods in recent history. One barrier that HHS is really addressing in our quest to advance health equity is access to healthcare, including preventive and mental health services and they are essential for the participation of women and girls in the economy and society. We are committed to protecting and building on the successes of the ACA to expand access, to lower costs, and ensure that quality, affordable health care is available to all. For example, the ACA has really increased access to coverage for women and girls. With the ACA, the uninsured rate for all women has dropped by eight percentage points with Black and Latino women seeing even bigger drops at 10 and 17 percentage points, respectively. The ACA has also made that coverage more affordable. Fewer Black women, fewer Latina women, as well as young women of all races report delaying care as a result of cost. And while we continue to make progress, we have way more to do to truly transform healthcare to support women and girls and address the multiple disparities that continue to persist, particularly for people of color, transgender individuals, people with disabilities, immigrants, and many others. Protecting and expanding access to healthcare also includes addressing the maternal mortality crisis in the United States. For far too many people, complications related to pregnancy, childbirth and postpartum can lead to devastating health outcomes, including hundreds of deaths a year. This maternal health crisis is particularly devastating for Black women, Native women, and women in rural communities who all experience maternal mortality and morbidity at significantly higher rates compared than white and urban counterparts. All institutions, providers, and community-based organizations can take action to support women and girls’ health, improve access to health, and together we can build a more inclusive system of care. And again, returning to the theme of today’s webinar, please share that healthcare.gov is open and anyone who needs health insurance or wants to switch plans can do so now through January 15. In conclusion, Admiral Levine always likes to remind people that given the pandemic it has reminded us that the health and well-being of people living not only in our own country but across the world are interconnected, and also the solutions are as well. We must do our part to protect each other and one way to do that is to make sure people have access to healthcare. The future is brighter, but again we have not made progress until we have made progress for everyone. We need to continue to strongly advocate for the most underserved and marginalized. And one last time, one way to do so is to remind people to go to healthcare.gov before January 15. I just want to once again thank you all. Apologies from Admiral Levine for not joining. She was excited to participate. And with that, I will turn it over to Jeff Grant who is the Deputy Director of Operations for the Center of Consumer Information and Insurance Oversight to share Marketplace Open Enrollment Updates. Over to you Jeff. Thank you.
Jeff Grant: Sure. We can go right into the presentation to the first slide, please. And I will give some clarification too. You've heard two references, you've heard a couple of days left and January 15. Both are true actually. The Open Enrollment does end January 15, but that gets somebody coverage on February 1. So, if someone wants to have coverage all year long, they should be coming in by December 15, which is Thursday. The first big date, and always our biggest closing day, is December 15 because a lot of folks do want coverage all year long. For folks that need coverage all year long and want to get there, we really encourage folks to be in by Thursday. If they don't make it by Thursday, we can still get them coverage. It will start on February 1, and they can come in until January 15. Both of those are important dates, but we are focused right now on the December 15 deadline for January 1 coverage. Great news, lots of people have already been doing that, as you heard from the Deputy Secretary. We've had 4.9 million on healthcare.gov as of last week's snapshot. I assure you the last two weeks are huge for us, so we have had a bunch more since then. We are very excited about these numbers, and we have had close to 600,000 state-based Marketplace plan selections. Those numbers continue to rise as well. Next slide, please. The big deal here is that it is up 18% over last year. Last year was a fabulous year if you remember. We closed at an all-time high number last year, so we just continue to see that a lot of the growth has been on the federally facilitated Marketplace. We continue to see what new affordability provisions mean for people coming in and getting coverage as well as we have had a robust advertising campaign that I think has reenergized the Marketplace. If we go to the last slide, there is some really good news in the details here. Where we are really up is not on the returning consumers, those are certainly up and pleasantly so, but it is folks that don't currently have coverage, which means we are going to see some good, positive growth in the Marketplaces this year once again. That is a nice number there on the left-hand side, up 28% across the board for folks. The way we define a new consumer is somebody who does not currently have coverage. It may have been somebody who came to the exchange before, but they don't currently have coverage and they will be getting health coverage once again through us. So, this is good news. With that, I am not sure who am I turning it over to next. That's right, Joel and Aiden.

Joel Ruhter: Thank you, Jeff. My name is Joel Ruhter, and I am in the Office of the Assistant Secretary for Planning and Evaluation. My colleague, Aiden Lee, and I want to highlight some ASPE estimates of the uninsured populations potentially of interest to stakeholders. Next slide. Last month, ASPE posted update estimates on the uninsured population using the most recent Community Survey data yielded in 2021. The large sample size of this survey allows for detailed demographic estimates of the uninsured population overall, as well as more granular state, PUMA, and county estimates. For those unfamiliar, PUMAs are geographic areas that are created by the Census Bureau for the ACS data that allow for quite local geographic estimates and densely populated areas. Aiden will have a PUMA level example shortly. ASPE used the 2021 ACS data and calculated a set of demographic information for the nonelderly uninsured population for each state, PUMA, and county. That means that those interested in targeting outreach to the uninsured and say a specific county, can use these data to understand the demographic characteristics of the uninsured population there. Next slide. In prior years, ASPE has put out similar tables, and I want to highlight a few tweaks in this year's version. The biggest change is that we are including the entire nonelderly uninsured population regardless of immigration status, whereas in prior years we imputed immigration status and excluded those
who were not legally present. Some other changes are that the subgroup analysis is based on income ranges rather than focusing on QHP eligibility, and finally we have added some variables on rates of self-employment, internet access in the household, and recent childbirth among the uninsured. Now Aiden will talk through specific examples of what is in the data.

**Aiden Lee:** Next slide, please. In the next few slides, I will be highlighting some examples on each geographic level available in the tables. These spreadsheets are useful to see uninsurance trends at local and state levels and can be used to compare across them well. For example, we see that the national rate of uninsurance for the nonelderly population was 10.5%. On the state level, Massachusetts had the lowest uninsured rate at 2.9% compared to Texas, which had a rate of 20.9%. Because these spreadsheets have data at various geographic levels, we can also see that the majority of the top ten counties that have the lowest rates of uninsurance were in Massachusetts compared to the top ten counties with the highest rates of uninsurance all being in Texas. Next slide, please. Here are some examples of demographic characteristics of people who are uninsured, such as their age group, race, ethnicity, and income. 19–34-year-olds made up 36.8% of the country’s nonelderly population that do not have insurance, and a third of the nonelderly population that’s uninsured have incomes under 100% of the Federal Poverty Level (FPL). You can also see that the distribution of uninsurance rates vary widely by race and ethnicity. For example, American Indian and Alaskan Natives make up 1.2% of this nonelderly uninsured population compared to non-Latino Whites and Spanish, Hispanic, or Latino individuals, that each make up made up 40%. Next slide, please. In addition to the nationwide numbers we just showed you, we can also take a closer look on the county level. For example, 6.2% of the nonelderly population in Baltimore County, Maryland are uninsured and almost one-third of this population have incomes under 100% FPL and more than a third were non-Latino Black individuals. Almost one-fifth have no English-speaking adults in the house, and a new variable we added to the table was internet access, and we can see that a large majority of this population had household internet access. Next slide, please. In addition to the county levels, we have an example of what you can find on the PUMA levels. Like we said previously, PUMAs are the most granular level of geography available in the ACS files. This is an example of DC’s central PUMA, which is the areas north of Logan Circle and inclusive of neighborhoods like Columbia Heights. We see that over half of the nonelderly who are uninsured in this PUMA had incomes under 100% FPL. A majority were 19 through 34 years old, and almost one-third had no English-speaking adults in the household. Nonelderly uninsured individuals in this PUMA had the lowest percentage of household internet access out of all DC PUMAs at 74.4%. Statistics like this can help us get an idea of the people who live in these areas and their demographics. It can help inform outreach efforts to make them more targeted and specific to the communities. I would like to turn it now back to Joel for the next slide.

**Joel Ruhter:** Thanks. So, a bit of a disclaimer slide before we wrap up. These estimates of the uninsured population do not necessarily reflect the eligible populations for either Marketplace or Medicaid coverage. They are only based on income and state residency in the ACS survey and don't account for whether an individual has an affordable offer of employer coverage or their immigration status, which can impact subsidy or overall program eligibility. Next slide. So again, these data are available on our website, aspe.hhs.gov. You can either click on health coverage and access or search uninsured on the website, and you will get there. We have also included links and titles here to recent related ASPE work on health insurance coverage that
might be relevant, including recent trends in the uninsured rate and trends in race and ethnicity of those enrolled through healthCare.gov in recent years. Thank you. I would like to turn it over to Stefanie Costello, director of CMS Partner Relations Group to walk through some Marketplace partner resources. Stefanie?

Stefanie Costello: Great, thank you all so much. I will just go through some of our resources that have been updated since our last webinar together. Our resources are on marketplace.cms.gov. I will put that in the chat for you all to look at in just a moment. As a reminder, this website has all our partners' resources for Open Enrollment, brochures, fact sheets, conference cards, and key dates. I want to take a moment just to talk a little bit about our theme weeks. You've learned already today that we are in two theme weeks, our AANHPI Week of Action and our Women's Week of Action right now. Following up, the next two weeks we have Give the Gift of Health Care Week of Action and our Health and Wellness Week of Action will close us out for the calendar year. In January, we will start with new weeks of action. We hope to have all the January toolkits posted this week so come back to marketplace.cms.gov to look for those once we get posted. We will be starting the new year with the Faith Week of Action and our Men's Week of Action. The last week of Open Enrollment we will have our Last Chance Week of Action, Early Childhood Education Workers Week of Action, Young Adult Week of Action and then the last day to enroll for coverage is January 15 so lots of great things happening. We will also have two webinars happening in January, so we will have a final deadline push on January 10th, and then we are going to do a focus on coverage care using your health insurance on January 24th (date was moved to January 31). I also want to take just a moment to highlight some new resources that just came out today. We had some videos and real-life stories of folks with the Marketplace receiving coverage and telling their story. We have been updating those throughout Open Enrollment. I will put a link in the chat in just a moment, but we have another one that was released today. We also have five things about the Affordable Care Act video that was released today, and I will drop that link in the webinar chat as well. We will also include all these links in our newsletter, which will come out at the beginning of next week. I know that was kind of short and sweet, but I did want to turn it back to Kyla to see if there were any questions, and I will drop everything in the chat that I mentioned.

Kyla Ellis: Thanks so much, Stefanie. I know we are running a little short on time because we have such a robust agenda, and I see the Q&A in the chat section has been active this whole time. We've got most of those questions answered. Just a few that may be relevant to others, we wanted to remind everyone that consumers are able to get help in enrolling through the Marketplace Call Center by dialing 1-800-318-2596. Again, just a helpful reminder that people who sign up by December 15 will have coverage starting January 1. Open enrollment does extend through January 15 for February 1 coverage. Just to quickly wrap up, thank you so much to all our speakers who shared such important information about this 2023 Open Enrollment cycle. Also, a special thank you to our attendees for taking the time with us this Tuesday. We definitely encourage everyone to use the materials that are available on our website at www.marketplace.cms.gov. Stefanie listed some of the upcoming weeks of action which we will also send around. It will be wonderful for you to align your organization's outreach and events with these upcoming weeks. As we mentioned at the top of the call, we will post the recording and transcript for today on www.marketplace.cms.gov, and if then if you want to register for the
upcoming webinars Stephanie mentioned, please use the link posted in the chat or in the email you received for the next event. Thank you again. We really hope to see you next month and just in advance, have a great holiday season and happy new year. That concludes our webinar. Have a great rest of your day.