Centers for Medicare & Medicaid Services

2023 Health Insurance Marketplace Open Enrollment Period Stakeholder Webinar

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Jonathan Blanar: Great. Good afternoon, everyone. Thank you for joining us for our fifth and final place Marketplace Open Enrollment Stakeholder Call. Just a couple of notes before we get started. This webinar is being recorded and you will see a button on the screen that you can accept and move forward. Thank you again for joining us this afternoon. Today I'm joined by several speakers. First, the CMS Administrator Chiquita Brooks-LaSure is going to share a special thank you message with everyone. Jeff Grant, the Deputy Director for Operations of the Center for Consumer Information and Insurance Oversight, will provide Marketplace Open Enrollment updates. Ashley Peddicord-Austin, a Technical Advisor from the Office of Minority Health, will share remarks on health equity and Coverage to Care resources. And lastly, I'll moderate a question-and-answer session and provide the closing remarks. Before we begin, we have a few housekeeping items. This session is being recorded. The recording and transcript will be posted to Marketplace.cms.gov following the event. While members of the press are welcome to attend the call, please note that all press and media questions should be submitted using our Media Request Form available at cms.gov/newsroom/media-inquiries. All participants will be muted today. Closed captioning is available via the link shared in the chat by our Zoom moderator. We will have time for Q&A towards the end of the webinar. Please submit questions using the Q&A function at the bottom of the screen, and we will do our best to get to as many questions as possible. With that, I'll now turn it over to our CMS Administrator, Chiquita Brooks-LaSure. Administrator?

Chiquita Brooks-LaSure: Thank you, Jonathan. And I just want to start by saying just such a warm thank you to all of you who have been working and some of you are still working as we finish out this year's 10th Open Enrollment. I was thinking as I was getting ready to get on this call how we all spoke last year around this time where I had the privilege of congratulating you for an incredible ninth Open Enrollment where we saw record levels of enrollment thanks to the American Rescue Plan, tax credits, and just more efforts on outreach. When we started this 10th Open Enrollment, we weren't sure what the results would be, whether we would, in fact, match the number. And lo and behold, thanks to all of you and our partners across the country, we have exceeded what was already a record year. And I want to say on behalf of the entire Administration how much this is a priority and how excited we are that we have over 16 million people covered in Marketplace coverage. And not just that we have so many people covered but that we really have diversified who is covered and reached the underserved in a different way. We have reached new communities. We have reinforced our efforts. So much of that really is the work of the Navigators. I really want to express how excited we are, how thrilled we are that coverage in this country across the three M's and employer-sponsored insurance is really at
record highs. And just to ask for your continued partnership as we look forward to the year. As you know, we will start the unwinding of the public health emergency from the Medicaid point of view and we're all very focused on making sure that people transition to coverage - either stay in Medicaid or to Marketplace coverage. I encourage all of you to continue the work of making sure that people are aware of these incredible options, particularly those who are modest incomes as you know we have made the rules simpler. So, with that, a complete, heartfelt thank you. A real excitement about what has been accomplished and what continues across for all of us for this year and we are in this together. So, thank you for your partnership with us. I will now turn the call over to Jeff Grant, who you know very well. One of our deputies in CCIIO (Center for Consumer Information and Insurance Oversight). Jeff?

Jeff Grant: Thanks, Administrator. And yes, this is really a great time in the history of the Marketplace. It's our second straight, just overwhelmingly successful Open Enrollment. I would like to put the word out there too, folks may be aware of this, but we are in the last day of Open Enrollment still for five jurisdictions, California, D.C., New Jersey, New York, and Rhode Island. So, a really big deal there. Coming out of this was legislation passed in December, the Omnibus Appropriations Act, we got a date for the start of the Medicaid redeterminations. The redeterminations themselves can start as early as February 1st and the first terminations from Medicaid for folks determined ineligible or those unable to get through the process can be as early as April 1st. So, we're coming right out of Open Enrollment. Those of you who are helping folks out, you have a new challenge here of helping a new group of people, but new opportunities to get people in the exchange, opportunities to help people stay in Medicaid, which is if they can stay in Medicaid, we want them there. If they have gotten to better income levels and they are eligible now for Marketplace enrollment, we would love to have them in the Marketplace. So just want to put those plugs in there that we are just wrapping up Open Enrollment. So, some of the numbers you see, I should also point out, we have state numbers in this report. They are not all final because we'll get final numbers after we close up today. So big number, 16.3 million. Just incredible to be at these levels. 12.2 million in healthcare.gov and 4.1 million in the State-based Marketplaces. And so again, the little asterisks at the bottom of the slide, we will still have to put out more numbers once we get all the final numbers from the States. But these are pretty good numbers even without those. These are really good numbers. Next slide, please. And as you can see, we just continue to rise in enrollments. We're up 13% this year over last and last year we were already up a tremendous amount. An increase on top of an increase is just super impressive and again, many thanks to those that are helping us reach people. Next slide. And then the other thing that's really important to look at is we have not a surprise, probably that we have an increase in returning people because we started out with more people because of the big increases last year. But what's really huge here is getting increases in new enrollees which is, you know, sustaining the exchange over time requires us to continually find new folks and get them enrolled and we've continued to do that over the last couple of years. So, 21% up on new enrollees. That's just a really, really nice number to see and 10% up on returning enrollees. So, both these are just super positive trends again. And then, if you look at the splits, even with these massive increases in the returning enrollees, the pie chart just got slightly larger. It's really similar. And it's nice to see that as the exchange grows, we are continuing to grow and just slightly larger in the new. Again, it is harder to keep finding new
people and keeping that percentage constant requires you to find so many more new people because you are starting with so many more returning people. It might look like same old same old there but that is actually is how we have all this growth in the exchange. So that's also just a really positive number. Again, really big thanks for the work this year. The work over the last few years has really made us so much stronger. And again, and appeal at the same time for you to continue to provide this kind of service because we have some real opportunities here to help people that are going to need help as they go through the Medicaid unwinding. Looking forward to working with you on an ongoing basis as this unwinding period is just about upon us. And I did notice that there was a question in the chat. If folks have a specific question, we were not intending to talk about the SEP, but I will say since someone asked about it. We did announce a Special Enrollment Period for Medicaid unwinding. Basically, if somebody loses Medicaid, we are extending the period they can sign up for coverage to extend throughout the unwinding period and 90 days beyond that. So, we don't want anybody that's trying to sort their way through this and with all the work that's gone on in the states, for somebody to fall through the cracks. So, we are having a fairly open opportunity for those that do lose Medicaid. The requirement is that you've lost Medicaid. But if you've lost Medicaid during this unwinding period, you'll have an extended period here to be able to come to the Marketplace and get coverage should you need it. And with that, I am happy to turn it over to Ashley.

Ashley Peddicord-Austin: Great, thank you so much, Jeff. I appreciate it. Thank you all for having me today. As you can see, we are going to be focusing on health equity and Coverage to Care. We can advance to the agenda slide, please. Thank you. So, the Administrator and Jeff gave us great news about how many people were enrolled, and it's such an achievement for everyone on the phone here. So, let us keep building on that and keep it going by thinking about how we can reach our most underserved communities and what we can do to connect all of these folks into regular primary preventative healthcare. Today I'll give an overview to talk about what CMS is doing to approach health equity and then I am going to talk about a specific initiative, one many of you know, Coverage to Care, which is a health insurance literacy initiative. And will give you an overview and some updates on what's been going on with it for the last year. Alright we can go to the next slide. So first, for advancing health equity. We will start with the big picture first and then narrow it down. So here you'll see where the Administrator has outlined her six strategic pillars. I'm sure you've probably seen this before on some other webinar so I won't spend too much time. But the Administrator has made it very clear that advancing health equity is a top priority by making it her first pillar. To advance health equity by addressing the health disparities that underlie our health system. So, if we go to the next slide. To start us out and put us on the same page, CMS has issued a definition of health equity. The full definition is listed on the screen but in general, what it means is that health equity is the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, language, or other factors. And CMS is going to work to advance health equity by designing, implementing, and operationalizing policies and programs to support all people served by all of our programs. And that means eliminating avoidable differences in health outcomes and providing the care and support that everyone needs. So let's talk a little bit more about a couple of definitions just to get ourselves on the same page so we'll
go to the next slide. A key part of health equity is understanding and reacting to social determinants of health and this slide states an important fact. And I kind of have to look at this number twice every time I read it because it does sound drastic, but 70 to 90% of our health is determined by social determinants. So, what is SDOH? Well, you can see the definition on the slide here where it's the conditions and environments where people are born, live, learn, work, play, worship, and age that can affect a wide range of our health, our functioning, and our quality-of-life health outcomes and risks. Or, if you want to put it a little bit more easily, if you live one hour from the nearest primary care provider, you're going to be a lot less likely to go when you need to. If you don't read or understand English, a care plan and patient portal or health insurance is going to be pretty hard for you to navigate. If you don't have stable housing, healthcare is not exactly your top priority. So, the examples can go and on and on and you can probably think of many with the people that you work with. To help understand social determinants of health, we use the Healthy People 2030 framing and listed on the screen here are the five domains. And that's what's in each of the circles—economic stability, health care, neighborhood and environment, education, social and community context. So, as you think about the people that you work with, you can probably imagine how some of them might have a difficult time and maybe lots of difficult reasons to connect to healthcare. So, let's do one more set of definitions, and then we'll talk about a few other pieces that we're working on. Next slide, please. So, I won't go into too much detail, but to kind of bring this to your mind before we start talking about Coverage to Care, is the two types of health literacy. Because health literacy is a health equity issue, and there are a lot of ways we can go about addressing it here at CMS and with your help. So, there's personal health literacy when you think about the individual. And then there's organizational health literacy which is what organizational levels can do to help or not help someone's health literacy. So, there are lots of different ways that we can go about this and we hope to address a little bit of each. Let's go ahead to the next slide and we can go ahead and advance one more as we start to talk about how CMS will be operationalizing health equity. We know it's one of the strategic pillars, but how are we going to go about doing this throughout the CMS programs, Medicare, Medicaid, and Marketplace? So, on this slide, you'll see the title CMS Framework for Health Equity. And on the left side, you'll see a one-page that talks through this. Don't worry about squinting because I'll talk to the priority areas on the next slide and go through those. But we wanted you to know that the framework is based on evidence, listening sessions, stakeholder feedback, and how to operationalize health equity across each of those programs. So, we'll advance to the next slide so you can read the five priorities a little bit easier. So here you'll see where five priority areas are focused around collection, reporting, and analysis of standardized data. That is the very first one. And then looking at the disparities within the programs for number two. Looking into three, building the capacity of the healthcare organizations in the workforce and their ability to reduce health and healthcare disparities. Four, that one specifically looks at language access and health literacy as well as culturally tailored services. And then five, we focus on increasing all forms of accessibility to healthcare services and coverage. We can go to the next slide. You don't need to memorize those don’t worry they're on our website. To add to that is our CMS Framework for Rural, Tribal, and Geographically Isolated Communities. If you look at that, you'll see that the priority areas are very similar. There are six instead of five, but in general, they are very similar. What's new here this year is that
we're focusing on not just the traditional rural health but we are looking at different geographic areas because there are lots of different and unique needs that arise. So, there is rural, tribal, geographically isolated communities and of course our territories. And similar to the larger framework, this was completed based off of evidence structure and had similar priorities. Ok so that's a little bit of the how. Let's go one step next to start to build out just one of the priority areas. I'm not going to talk to too many details on each of them but I wanted to build out on the first priority area of data collection because it is the first thing we always hear about. Whenever we talk to stakeholders, we have meetings, and we go to conferences, the first thing we always hear about is the need for better health equity data. Data is always top of mind. So, our office pretty recently released The Path Forward: Improving Data to Advance Health Equity Solutions. So, this is where we talk about the advances that CMS has made but we can also outline where we need to work next regarding health equity data collection, reporting, stratification, and analysis. And then this work on the elements, standards, disaggregation, and more is all vital to health equity. So, if your data is a piece of what you do or you want to learn a little bit more, please go and check that piece out. So, we set the stage a little bit in terms of health equity and where the agency as a whole is going. And we'll go ahead and advance to the next slide. To give you kind of an example, Coverage to Care is an example of something that can address health equity by addressing a specific issue, health literacy, or really health insurance literacy. But it is meant for any type of consumer with any type of coverage. We've been talking a lot about Marketplace, but if you work with Medicare or Medicaid or even employer-based insurance, those folks can use this as well. So, feel free to use this across the board in your work. A lot of you may be familiar with Coverage to Care. So, Coverage to Care does aim to help individuals understand their health coverage and to connect to primary care and the preventative services that are right for them. And the goal is for everybody to live longer, healthier lives. Let's go ahead to the next slide and we'll show you a few of our main resources. So, you may recognize a few of these. Our signature resource is listed first, the Roadmap to Better Care. We have listed a few on the screen and put some images to help recall what we're looking at here. So, 5 Ways to Make the Most of Your Health Coverage which kind of hones in on a lot of the same things as a Roadmap, but if you only have a quick couple minutes with somebody, that one can be really great. We also have resource sources on COVID and telehealth, prevention and we have some things for our partners as well. Everything is on our website that is listed on the screen towards the bottom-left. Go.cms.gov/c2c. And again, everything is on the website so if you are looking for something, feel free to check it out. And I'll talk through a couple of things and a couple updates on some of the resources now. So, if you go to our next slide, you'll see a few where we have been working to update the materials. So, last year we went through and updated every one of our resources, which, if you count the translations, was over a hundred. If you haven't checked out Coverage to Care in a while, come back and take a look. We went through every single resource and thought through it in terms of content, design, and user experience with the intent of making the resources easier to understand, easier to use, and to help them resonate a little bit better with more people but more people on an individual basis. So, we looked at reading level, white space, translations, and accessibility. We have key graphics, and you'll see those listed on the screen to help people clue into certain pieces of information. And we repeat them so that people will know visually where they can go to keep finding out more about that. We have
updated everything to be a bit more modern. So, the graphics look a lot more like things they're used to seeing elsewhere as opposed to some of our older ones and we try to make the resources themselves a little easier to use. So, our PDFs, yes there are PDFs, which isn’t great, but they have hover text. If we have a definition for something, you can hover over it and get the definition right there. Jump links and things. So, it's a little bit easier to use as well. Okay, so we'll go to our next slide. And I think it's important to base all of these updates and let you know that we based all of these updates on user feedback. So, lots of our partners over the years, many of you on the phone I’m sure, have given us feedback since the very beginning of Coverage to Care. We have been keeping track of all of that and we thank you so much for that input. And we did a little bit of formal testing as well to kind of put a little bit of shape to it too. We did that in English as well as in Spanish, qualitative and quantitative, and we did it for both consumers and for organizations. And then, we were able to use all of that together to help inform all of the updates that were made. So hopefully, you'll find them to be very similar to what was done before, but just a little bit more meaningful for people. So, I'll go ahead to the next slide. This one is what I would call the visual roadmap of the eight steps. So if you know the old roadmap, it had eight steps to better care. This one has the same eight steps, but within each of those, you will see a few nuance differences. This is available, the one that’s on the screen, is available as a poster. It's also inside our Roadmap to Better Care. So, when we think about connecting to health coverage, it's not always quite linear, is it? But we can break it down into steps to make the journey a little bit easier to cover. Maybe just one at a time, maybe only a couple or maybe we go through all eight at once. But the eight steps walk a person through step one. Why is this important in the first place? Why did I enroll in this coverage? What am I supposed to do with it? Well, you get what you pay for and think about prevention, right? Things that you can do inside and outside of health insurance. By using that care, the coverage that you have to get care that is covered. Step two is where we highlight all of those super tricky words, copay, and deductible, so there are definitions there ready to go. And then we talk about where I go for care. Emergency versus primary. How do I find a primary care provider? And then getting prepared for the appointment or making the appointment first and then actually getting prepared for the appointment. So, I do like to pause there because these are important places that a lot of people could do a little bit of prep work to help us make sure that we're actually going to keep that appointment. And it's a place where you can personalize the conversation a little bit. So, if I make an appointment, what do I need to do? Sure, I need my insurance card. I need to make sure that I take a copay when I go. There’s probably some forms. But what else? Do I need childcare? Do I need to take sick leave? Is there a bus? How long is it going to take me to get there? What time do I actually need to leave? And start making the arrangements when you make the appointment so that when the time comes, you'll actually keep the appointment and stay in the care. And then after you go, we have step seven, where we ask questions to make sure that a person's needs were met and that they keep going back. If they feel like they were respected and they were listened to, they'll be able to be more encouraged to keep going back. So, if they ask for a medical interpreter, was one provided? If they asked for a wheelchair accessible equipment, was that provided? Or if they ask for something else, was it offered? Did they feel like they were listened to? So, there are questions listed in step seven that we can talk through with a person or allow them to think through themselves to make sure that they keep going back. If they didn’t
like it, maybe it's a simple conversation or maybe it's a new provider's office. And then finally, step eight, following up on the appointment. We talked about explanation of benefits, and there's a sample EOB to help explain what those are and all those kind of unusual things that you might see. But it's also keeping up on care plans, filling prescriptions, and keeping your info on healthcare.gov updated. Alright, we’ll go ahead to the next slide. Thank you. So, I do want to mention the translations speaking of health equity. All the Roadmap materials are now available in eight languages. So, some of the materials were available in eight languages before but all of them are now, including the Roadmap to Behavioral Health. The behavioral health one is probably the one that we heard the most about, so I wanted to make sure to mention that on today's call. So, the eight languages, and you'll see a couple of languages on the screen there, but we have English, Spanish, and then we also have Arabic, Chinese, Haitian Creole, Korean, Russian, and Vietnamese. And then for several of the resources, our key ones, we added in Ukrainian. So, most of the resources are available in eight or maybe even nine languages. Just wanted to make sure you knew that part as well. And all of those are on the website. Okay we can go ahead to the next slide. There was one other piece I wanted to talk about, which was making sure that you all know how we want to respond to your needs and your consumers' needs. We have a couple of pieces that I wanted to highlight that come out of that response. So, Coverage to Care is again applicable to anyone but we know that there are occasions when we have to provide a little extra information. Our behavioral health guide is a great example of that, lots of nuances in behavioral health that it needed its own guide. Another one, as shown here, Getting the Care You Need, a guide for people with disabilities. It's similar to the Roadmap with a similar style but it adds in more detail for people who are navigating health care with a disability. And this one is also available now in eight languages. Okay, the next one. So again, we always want to hear from our partners, so just a call out there. If you have thoughts or things that you would like to see, always reach out to us. We would love to hear from you. And we heard in 2020 and 2021, we heard that you needed information on COVID and on telehealth. So, we created pieces to be responsive to that feedback. The telehealth one, in particular, I know has been pretty helpful as it's been new for a lot of people and we'll be keeping that one up. And another piece I wanted to highlight on the next slide is My Health Coverage at a Glance. I wanted to spend a little time on this one today because I think it's really great for this time of year. So, we just went through all of the Open Enrollment. A lot of people have new plans. Some of them understand them. Some of them don't. Maybe it's similar to last year's. Maybe not. But now what? What do we do with that? So, this is a piece that partners pretty much asked for. Everyone wants the Roadmap is great, they say. It's a little long but what does it mean for me? What is my copay? What is my deductible? What do I need to know? And obviously, we can't make a piece for each individual, but we can make kind of basically it’s a teaching guide to help fill in your specific information. So, I have listed on the screen here on the left-hand side the images the old ones if you have used it before and then the updated one on the right so you know what you're looking for. My Health Coverage at a Glance is meant to be basically the closest we can get to the personalized resource sheet, personal to the individual. So, what we do is list key terms and then a definition and then a place where a person can actually go in and fill in what it is for them. For example, we list the key term copay and then the definition for copay. And then there's a place where you can write in the amount of your different copays. So, it's a great kind of
teaching tool. It's a great summary tool that you can kind of work through with people or suggest that they write in and hold on to so if they are needing to quickly reference or maybe look at their budget in terms of what they need to expect in the next month or year, this is all in one place. Insurance cards often have a lot of stuff in one place, but they don't have definitions because they're not going to fit on the card. So, the definitions a lot of times can be very important. So, we hope that this one is useful. We'll go ahead to the next slide. So, we talked about some of the updates and highlighted a couple of the resources, so we want to make sure you knew about it, but now what? So, Coverage to Care, we rely on trusted community partners. I do not outreach specific to consumers myself with Coverage to Care because we think that it’s best coming from a trusted community partner. So sometimes that is a navigator or a counselor. Sometimes it's a librarian. It's lots of different types of people. But we would be nothing without our partners, so we wanted to make sure you have the information you need to put health literacy into your work, whether that's Coverage to Care or a few tips to add to something you're already doing, but we want to make it as easy as possible for you. So we do have a Partner Toolkit. It offers prepared language in English as well as Spanish. You can take that, copy and paste it into a listserv, an email, website, whatever you need. There’s even social media graphics. And then we have a PowerPoint presentation that talks through the eight steps as if you were presenting it or talking through it with consumers or if you need to do a Train the Trainer and do it for your organization, that's a great way to do it. And so, all of those are available on our website but we have also listed our email on the screen and I'll list it one more time before we end today but it's coverage@coveragetocare@cms.hhs.gov. I just want to make sure you have that. I check it regularly, so if you have questions, or you need tips, or you need me to point you in the direction of a particular resource, we are always happy to do so. We'll go ahead and advance to the next slide. We do have resources available. You can download them again from the website. You can email the PDFs or the links. You can print. We tried to make things a little bit easier to print this time around. And we do have printed copies available in the warehouse. I ordered after we redid everything last year, I ordered a lot. It went out of stock pretty quick for some of them and I am working on that. And hopefully, we have some funds, and we'll be able to do that again. So, keep an eye out if there's something you're looking for that’s not in there now. But again, there are resources on the website, too, in eight languages or sometimes nine. And then we also have a tribal version available as well and generally that one is printed as well. We're about to conclude here, but I did want to pick one last thing out to you all on the next slide. If you have questions that are maybe something beyond Coverage to Care or a little more health equity based, if you're trying to work on some health equity initiatives in your office, or trying to come up with a plan where to start, how to look at data or where to start finding data or anything else, we do have a Health Equity Technical Assistance Team. You can reach out to them. It's just as simple as an email. So, it’s healthequityta@cms.hhs.gov and underneath the little graphic, you'll see that written in blue. But thinking back to kind of those larger health equity efforts and thinking through the big picture first, if you have questions or need assistance, please do feel free to let us know and we'll work together to see what we can do to help. Alright so one last slide from me and I will conclude. Thank you all so much for your time. I hope something was useful today. And always feel free to reach out to us. Lots of different emails on there but the coverage@coveragetocare@cms.hhs.gov and healthequityta@cms.hhs.gov are really great ones to reach us.
And we're always happy to help or answer questions for you as needed. So, with that, I will be turning it back to Jonathan Blanar, our Deputy Director at the OC Partner Relations Group. Thank you.

Jonathan Blanar: Great. Thank you, Ashley. Ton of great information in those slides, so we certainly appreciate you taking the time today. We have a few questions in the Q&A. So, we would like to move into the Q&A portion now. If you do have questions, feel free to go ahead and enter them in and we can get to as many as we can. One of the questions that’s in there now is, can we get a copy of the presentation? This whole transcript and a recording of this webinar today will be posted on our Marketplace website within the next week. As soon as that's up there, we will send out a message to everyone letting folks know that it's available. A couple of questions, Ashley, I think for you. The first one is do you know when the publications will be available? Most are currently out of stock.

Ashley Peddicord-Austin: Yeah. We still need to do the print order so it won't be immediate. I will tell you the honest truth, we still need to do them. We have to wait for the funds to come through but it looks like we'll be set, so I’ll be hoping to work on those. And what we can do is send out a note to partners when they're back in stock. We can let you guys know that.

Jonathan Blanar: Great, thank you, Ashley. And another question I think for you, Ashley. Any plans to include more languages on My Health Coverage at a Glance?

Ashley Peddicord-Austin: Yes. So, My Health Coverage at a Glance right now is in nine languages. So that would be kind of what we would consider one of the key resources so we put that one in for Ukrainian so there are nine languages in that right now. We are always thinking about what might need to be our 10th, 11th, or whatever language so as we add languages, that would definitely be included. So, for right now though, it's nine but we're always thinking about if and what we should add.

Jonathan Blanar: Great. Thank you. Alright, that is all the questions that are in our Q&A chat so we'll wrap up the Q&A. And I want to close out by first thanking all the speakers today for sharing important information about the 2023 Marketplace Open Enrollment Period and how consumers can begin using their coverage. Also, I want to give a special thanks to all of our partners on the call today for taking the time to be with us. Thank you so much again for your efforts in making Open Enrollment 10 a huge success. These achievements could not have been done without you, our Trusted Champions for Coverage Organizations, Navigators, Certified Application Assisters, Agents, Brokers, Partners, and any other Stakeholders that are on the line today. I do want to remind folks about the Special Enrollment Period. This is a time outside the yearly Open Enrollment Period when a consumer can sign up for health insurance. Consumers qualify for a Special Enrollment Period if they've had certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child. Depending on their special enrollment type, they may have 60 days before or 60 days following the event to enroll in a plan. Consumers can enroll in Medicaid or the CHIP at any time. For more information, go to healthcare.gov. As mentioned at the top of the call, we will post the recording and transcript from today's webinar within the next week or so and we will send out an email to let folks know.
This concludes our webinar series and we hope you have a great rest of your day. And thank you again for all your efforts for OE10. Thank you.