

Centers for Medicare & Medicaid Services
2024 Health Insurance Marketplace Open Enrollment Period Stakeholder Webinar
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Stefanie Costello: Good afternoon, and welcome to our 2024 Health Insurance Marketplace Open Enrollment Period Stakeholder Webinar. I am Stefanie Costello, Director of the Partner Relations Group within the CMS Office of Communications. Thank you for joining us again this afternoon. Today, I'm joined by several speakers: Admiral Rachel Levine, MD, Assistant Secretary for Health, will share remarks on the importance of getting uninsured people enrolled in coverage. Ben Walker, Director of Open Enrollment for the Federally Facilitated Marketplace (FFM) from the Center for Consumer Information and Insurance Oversight, will provide an update on [HealthCare.gov](https://www.healthcare.gov) operations. Katie Hamm, Deputy Assistant Secretary for Early Childhood Development, will share remarks on how to improve health coverage for the early care and education workforce. We have Kellan Baker, Executive Director and Chief Learning Officer at the Whitman-Walker Institute, and Ben Panico at Out to Enroll, who will provide information about outreach to the LGBTQI+ community and guides to help members of the community enroll in coverage. And lastly, I'll showcase our partner resources available for use. I'll also moderate the Q&A session and hand it over to Tasha Bradley for closing remarks.

Before we begin, we have just a few housekeeping items. This session is being recorded. The recording and transcript will be posted to [cms.gov](https://www.cms.gov) following the event. Also, 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 inquiries form available at www.cms.gov/newsroom/media-inquiries. All participants will be muted. Closed captioning is available via the link shared in the chat via Zoom moderator. We will have time for Q&As towards the end of the webinar. So please submit questions using the Q&A function at the bottom of your screen, and we will do our best to get to as many questions as possible. And with that, I will turn it over to Admiral Rachel Levine. Admiral Levine.

Admiral Rachel Levine: Well, thank you very much, Stefanie, and good afternoon, everyone. I'm Admiral Rachel Levine, and I have the honor of being the Assistant Secretary for Health. Now before I begin, I just want to emphasize something that we've been talking about across HHS and certainly by the CDC. If you haven't already done so, please get your COVID-19 vaccine in addition to your annual flu shot. And if you're over 60 like me, your RSV vaccination. New parents should also talk to their doctors about an RSV immunization for infants and anyone who is high risk and hasn't already received the latest vaccine should get one now. It's the safest way to protect oneself from severe disease and hospitalization. So, thank you for allowing me to speak today. The Biden-Harris Administration has made it our mission to strive for health equity for all. The United States Department of Health and Human Services (HHS) is committed to advancing healthcare for LGBTQI+ individuals. And today I'm here to ask you to spread the word that [HealthCare.gov](https://www.healthcare.gov) is open. Again, [HealthCare.gov](https://www.healthcare.gov) is open, and anyone who needs health

insurance or wants to switch plans really needs to go there before January 15. The Affordable Care Act, or the ACA, has increased access to care among the LGBTQI+ community among lower-income LGBTQI+ people. For example, the uninsured rate has been cut in half since the ACA was first implemented. Yet coverage gaps still persist. Transgender adults are still more likely to be uninsured than cisgender people. At HHS, we are working to advance the Biden-Harris Administration's commitment to strengthening access to high-quality, affordable health care across the country. We believe that our personnel, programming, and policies should all promote the dignity and rights of LGBTQI+ people. While we continue to make progress, we all have more work to do to truly transform health care, to support LGBTQI+ individuals and address the multiple disparities that persist, particularly for people of color, people with disabilities, immigrants, and others. All institutions, providers, and community-based organizations can take steps to support LGBTQI+ health, improve access, and build more inclusive systems for care.

Millions of LGBTQI+ persons qualify for financial help to do so. Four out of five people can find health insurance for \$10 or less per month through [HealthCare.gov](https://www.healthcare.gov). With financial help, millions more can enroll in coverage for free. The plans available on [HealthCare.gov](https://www.healthcare.gov), as well as other provisions of the Affordable Care Act, are critical to expanding care to LGBTQI+ people and all of those whose lives are affected by poverty and inequality. For the first time, the Marketplace application will be asking questions regarding sex assigned at birth, sexual orientation, and gender identity. This is very important, and any information received will be used for demographic analysis to assess health disparities in access and coverage. Collecting sexual orientation and gender identity data helps improve the Marketplace consumer experience by allowing consumers to attest in a way that better reflects and affirms their identities. Now, the new questions are optional and will be asked of all individuals on the application ages 12 and older. An individual's responses to the new questions or decision to skip have no impact on their eligibility results, plan, pricing, or plan costs. Very important, the privacy of all information will be protected. Again, the privacy of all information will be protected. Any data received from the three new optional sexual orientation and gender identity questions will not be shared with downstream systems or agencies, including issuers in state Medicaid and Children's Health Insurance Program, or CHIP. We are committed to protecting and building on the successes of the ACA, the Affordable Care Act, to expand access lower costs, and ensure that quality, affordable healthcare is available to everyone, including everyone in the LGBTQI+ community. Healthy People 2030, a program that's within my office, defines health equity as the attainment of the highest levels of health for all people, for all people. And I firmly believe that we have not made progress unless we have all made progress. Achieving true health equity requires valuing everyone, and that means making focused and ongoing efforts to end inequalities, eliminate the impacts of injustice, and improve the health of everyone. Now, everyone includes early childhood. I want to acknowledge an audience that will be a focus later in today's session: the early childhood workforce community. As a pediatrician, I know that you play such an important role in supporting the healthy development of young children, including both their physical and mental health. So, thank you all for everything that you are doing to support healthy people, healthy communities, and a healthy nation for all. So, I'm going to turn things over now to Ben Walker. Ben, please proceed.

Ben Walker: Yeah, thank you so much, Admiral. I appreciate you being here today, and I'm excited to be here with all of you this afternoon. It's great to be with you, in particular, just a couple of days before the December 15 deadline for most consumers to make a plan selection for January 1 coverage. Now first of all, I want to make sure that everyone saw last week's national enrollment snapshot, which is excellent news and really speaks to all the hard work that you and the organizations that you support are doing. That report had us at 7.3 million plan selections across all states with the FFM data through December 2 and state-based Marketplace data through November 25, which all in all is fantastic. What it tells us is that we know that people need health insurance, and this data shows us that our collective outreach and enrollment efforts are helping consumers get connected to affordable coverage.

Now, this is always a really exciting week. It's maybe my favorite week of the year because we know that there are a lot of folks out there who are hearing that deadline message and realizing that now is the time to act, and we always see a significant amount of consumer activity this week, particularly with consumers who are new to the Marketplace. So, as we approach that December 15 deadline, I wanted to share a few brief reminders. So first of all, restating the obvious, we have a big deadline coming up on Friday. This is the general deadline for consumers to make a plan selection for full-year coverage, which we know is what a lot of consumers are looking for. As you've seen, we do our best to really focus our outreach messaging around December 15—we talk about that date a lot, and we don't talk much about Open Enrollment beyond that date until we clear the 15th because we don't want to create any confusion for consumers who want full-year coverage, which again, we know is what most consumers want. So, what that December 15 deadline means, to be specific, is that consumers need to have submitted an application and made a plan selection by the end of the day on December 15. Premium payment for those with a premium due can come later. The critical thing is that that plan selection is submitted in our systems by the deadline, and as those of you who have been working with us for some time know, when we say December 15, what we really mean is December 15 in each consumer's local time zone. The way we implement that is that we set the cutoff in our systems to be 5:00 a.m. Eastern on December 16 so that if you're in Kansas or Oregon or Alaska or Hawaii, you have all the way through midnight, wherever you are. And then at 5:00 a.m., we're not shutting the site down; things will just naturally flip over to start generating on February 1 effective dates for folks who don't have a Special Enrollment Period, and we know there will still be a bunch of consumers who are looking for coverage after 5:00 a.m. on December 16, and we'll be ready to support them, and I know you will be too. Now, a moment ago, I said the word Special Enrollment Period, and I want to clarify that point to make sure that we're all on the same page. So, during Open Enrollment, no one needs to have a qualifying life event to enroll, but if you do, it can provide a faster effective date. So, for example, as you know, we have a Special Enrollment Period for consumers who are losing coverage, which enables consumers to pick a plan for coverage that starts on the first day of the following month. That means if a consumer is losing employer coverage, for example, at the end of 2023, they can select a plan at any time in December and have a January 1 effective date. Noting, of course, sooner is better in terms of making sure that their selected issuer can process their enrollment and issue cards and set them up to be able to get claims paid. But we do want to make sure that message is out there that there are a lot of folks, even in the back half of December, who can still get January coverage, including everyone who has income under 150% of the federal poverty level. So, from here we're looking to a very busy two and a half days and a

very exciting two and a half days where a lot of people are going to get the security of health insurance and everything that comes with that security. We know that in order for all this to happen, we all have to come together. It's about a stable system and affordable options, but also a team of people across government, trusted community organizations, providers, and others to help get the word out and make sure the consumers have the encouragement and assistance that they need, and I'm looking forward to hearing some specific examples of how folks are doing that in just a few minutes. What I can tell you is that from where I sit looking around on [HealthCare.gov](https://www.healthcare.gov) and our systems and processes and our call center, we're very well positioned right now to be supporting consumers over the next several days and then through the rest of Open Enrollment. So, we are absolutely open for business and looking forward to all that consumer interest that you're going to help us get over the next few days. So, I'll close by extending our thanks to everyone on your teams and the teams that you support for the hard work they've done so far and the extended hours that they will likely be putting in over the next couple of days as we work to help consumers make those plan selections before the first deadline. We appreciate you, and we look forward to even more great numbers and the personal stories that those reflect. And I think next up, we're really excited that we're going to hear from Katie Hamm from the Administration of Children and Families to tell us more about Early Care and Education Workers Week of Action.

Katie Hamm: Thank you, Ben. Good afternoon, everyone, or good morning depending on where you're joining us from. I'm Katie Hamm; I'm the Deputy Assistant Secretary for Early Childhood Development at the Administration for Children and Families. I want to thank my colleagues at the Centers for Medicare and Medicaid Services and everyone joining us today for all the work that you are doing to help people access health insurance. It's so important, especially to the early care and education community.

If we want to go to the next slide, today we're going to address a really crucial aspect of supporting our nation's economic backbone, and that's early childhood educators. Our early care and education professionals working in childcare centers, in family childcare homes in HeadStart schools, they're not just educators, they're also nurturers of future generations. And I know from spending time as an early childhood educator early in my career, you get sick a lot. You're exposed to a lot of germs and it's really physically taxing work. So, it's really important that we make sure those folks are connected to health insurance and they can access the health care that they need and deserve. Many in the early childhood community face significant challenges in accessing affordable health care, and we know that the lack of employer health benefits is one of the key factors that's contributing to these challenges. This gap in health care coverage, not only our early care and education providers personally, it also can impact the quality of care that they're able to provide to our nation's children. Here at HHS, we estimate that the early childhood workforce is 50% more likely to be underinsured or uninsured as compared to the general population and three times more likely to be uninsured as compared to K12 teachers, and all of this has a disproportionate impact on women of color because they're about 40% of our early care and education workforce. We want to go to the next slide.

This is really where the Health Insurance Marketplace comes into play. It is more than just a platform; it is a lifeline for our early care and education workers. We know that more investment is needed to boost our long-term vision of supports for health and mental health in the early

childhood workforce, including adequate compensation, career advancement opportunities, and improved working conditions. And that's something that the Biden-Harris Administration has really championed. We're making progress towards these goals. We published a notice of proposed rulemaking, or NPRM, last month, which proposes essential health benefits for full-time HeadStart staff, along with other proposals that are really designed to improve compensation and quality at HeadStart. I wanted to mention that the public comment period for this rule is open right now. We encourage you to go the Federal Register, review that proposed rule, comment, and share it with your networks you have through January 19. We're soliciting comments on this particular proposal if we want to go to the next slide.

The administration's commitment to early care and education and the workforce is also demonstrated through our continued partnership across HHS with the Administration for Children and Families and the Centers for Medicaid and Medicare and Medicaid Services, really working together towards bridging this health care coverage gap for early educators. And we need your help to really ensure that those who dedicate their lives to caring for our youngest children have the support that they need to thrive. We want to go to the next slide.

I want to touch on the resources that are available that can help you reach out to early childhood educators. We have detailed guides on how to help early educators and caregivers navigate the Health Insurance Marketplace. There's a Train the Trainer webinar recording to help educators confidently enroll in coverage, and these tools are designed to assist them with their enrollment process, ensuring that no one is left behind and they have that step-by-step guide. You want to go to the next slide?

We have seen success in this space. I wanted to just share a couple of examples. We've seen some states and communities make progress to improve health insurance coverage among early educators. For example, through targeted and strategic outreach to early educators, Washington State and the District of Columbia have increased enrollment in health insurance among this population. As of September 2022, nearly 50% of the approximately 35,000 employees working in licensed childcare facilities in Washington have been connected to Washington Health Plan Finder, and in DC, the DC Health Link has cut uninsured rates in half since opening. So, we know that with your help using these tools and with a really strong focus on the early parent education workforce, we can really make a difference, and that's why we are partnering to focus on this week of action. If we want to go to the next slide.

Before I wrap up, I just really want to thank you and encourage each of you to be ambassadors of this initiative. If you are a stakeholder in the early care and education community joining us today or a navigator or someone else who's working to help us reach these providers, thank you, thank you, thank you for your commitment to our children, families, our early care, and education workforce. Please help us spread the word, support folks in their enrollment journey, and utilize the resources we provided to do that outreach. If you are a navigator or assister working across multiple populations and target groups, we want to thank you for your tremendous work engaging your communities and really encourage you to reach out to the early care and education workforce in your community this week and throughout the Open Enrollment period, your engagement with early educators as we see in DC and in Washington State, it can make a real difference in their lives. It can help them serve as health care ambassadors to the

families that they work with every day and to their colleagues. And so, in closing, I just want to thank you for your unwavering support. Together, we really can build a stronger, healthier foundation for our early care and education workforce, and I look forward to continuing in this journey with you as we try to increase that insured rate. So, thank you very much, and I'm happy to turn it over to Ben Panico for our next presentation. Thank you.

Ben Panico: Hi everyone. Thank you so much, Katie. So, my name is Ben Panico. My pronouns are he or they, and I'm going to be talking to you all about how to enroll as trans health insurance guides. So, thanks all for being here. I'm very excited. If you go to the next slide, just to start us off, obviously everyone knows that health insurance can be very confusing for folks to try to find a policy that covers their medical needs, and historically, as Admiral Levine was expressing a little bit historically, trans folks have not had a lot of faith in coverage or going to the doctor or getting the gender-affirming care that they need. So ever since on the next slide, you can see ever since the passage of the Affordable Care Act, especially Section 1557, trans people are more protected than ever. We have a protection in 1557 that says that plans cannot have categorical exclusions of gender-affirming care, and this means that plans should cover some gender-affirming care or just not discriminate against trans individuals on the basis of gender identity.

So, you can go to the next slide and see that one way that we do this work and what we do really is read through the plans to try to help trans consumers get an idea of how they might be able to find coverage for gender-affirming care. Despite the passage of Section 1557 in the ACA, we do still have plans that have those blanket exclusions and plans that have some exclusions for certain procedures. So, we like to go through and read these plans and put out the guides that I'm discussing today so that it makes the lives of trans consumers a little bit easier, gives them a place to get started. You can see that this information is not going to come up readily in the five-page summary of benefits and coverage. You really need to look, dig into the policy documentation, which can be really hard for the average person to understand. So that's why we do this research and then put it out into guides.

So, on the next slide, just a brief overview of what we did this year. We reviewed all silver plans in all 32 states that use [HealthCare.gov](https://www.healthcare.gov). This came out to just over 202 unique insurers. You can see that we only review silver plans, and we don't look at plans that are child-only plans or dental-only plans. So basically, everything that is the most likely to cover things for trans folks, and then we hope that the bronze or gold plans have the same policy in there. On the next slide, I'm going to get into the four different categorizations that we use. So, the first is clear coverage, and this is plans that explicitly state that they cover gender-affirming care. These are obviously the ones that we would like trans people if they have access to a plan in their state that we've deemed clear coverage, this is a great place for them to start. We always recommend that people read the plan documentation themselves to make sure that any procedure that they need that plan will meet their particular medical needs. We also always recommend trans people get pre-authorization from their health insurer or at least call the insurance company and make sure that pre-authorization isn't necessary for a medical procedure just so that they won't be stuck with any bills down the line and just to make sure that things will be clear, but obviously, these plans are the best we can hope for.

On the next slide, you'll see on the other side of the spectrum are plans with broad exclusions, and these are the ones that I mentioned earlier under Section 1557 plans should not have blanket exclusions that say that they will cover no gender-affirming care. Unfortunately, we do still see this. This year we saw it in 18 policies across 13 different states, and these can really affect the ability of transgender people to get the medically necessary gender-affirming care that they need.

So those are plans that we really hopefully would not advise trans folks to get. Unfortunately, in some states, they might be their only option. There are some large insurers who have brought exclusions in their plans and so they might just be the best option for trans folks. On the next slide, you'll see the third category we use, our silent and unavailable plans. These are plans that either we can't find the plan documents for. Sometimes, they might be behind a member paywall or just not publicly available on the website at the time that we do the research. Silent plans are ones that just don't state one way or the other. The best thing that consumers can do in this case is to call the insurer directly and ask if the plan is going to cover a particular procedure that they intend to have done. We also recommend that trans folks reach out to enrollment assisters who can help with this process.

On the next slide, we have our last categorization, which is the broadest in terms of the different reasons a plan might fall under this categorization. About half of the plans we reviewed this year had some affirmative coverage but then also had some exclusions, and about half of them were otherwise silent and then had some exclusions. And these often come in the form of exclusions of facial feminization surgeries. You can see if a plan says something like, "regardless of medical necessity" or "no benefits will be covered" for something, that's a plan that we expect a transgender person would not be able to get a specific medical procedure for even if they're able to show that they have a doctor's note, a referral, that it is a medically necessary procedure.

On the next slide, you can see the breakdown for this year. As I said, we have clear coverage in about 40% of states. It's a little closer to the halfway mark. If you take out the states whose policies were totally unavailable, it's about 45%. Silent plans are still very common. So again, we really recommend that trans consumers reach out to the insurer, and that's something that we always recommend to folks. Please always pass that along. Trans people should reach out to insurers, access the policy documents, read through them, and get pre-authorization for a procedure. We do have a large number of plans here, almost 10% that have those broad exclusions. And like I said, it's in a lot of states still that have policies with exclusion. So that's something that we unfortunately don't like to see but is still a reality of the landscape.

On the next slide, you can see a little map we've got here of all of the states that have at least one affirmative policy. We would love to see this in all of the states we review. Unfortunately, you can see that South Dakota, Louisiana, and Alabama did not have an affirmative policy this year. They did have silent or policies with some exclusion. So, there are maybe some options for trans folks to get coverage in those states. The more important map that I wanted to show you all is on the next slide, which is states that have at least one plan with broad exclusions. You can see this is in 13 different states and again includes Louisiana and Alabama, which had no affirmative policies. So, these policies with broad exclusions really limit the ability of trans folks to get the gender-affirming care that they need. And this is something that we are hoping to see less of.

Unfortunately, the numbers didn't change that much this year versus where they were last year, so there's definitely still some more work to be done.

The last map that I want to show you all is on the next slide. It's from the Movement Advancement Project, and this is a map of states that have bans on trans care for folks under 18. So, what I showed you before, the map with all of the affirmative coverage, unfortunately, doesn't apply to trans youth in many cases because these are not state bans on health insurance. They're directly banning medical providers from providing gender-affirming care to trans youth. We've seen a lot of these come up this year and in the past few years, and these are very, very harmful bills that make it virtually impossible for medical providers or for parents to be supportive of trans youth and give them the gender-affirming care that they need. So, this is definitely something to keep in mind as you're looking at the guides. There is a note in all of them that a consumer under the age of 18, probably a parent of a trans youth, may not be able to get the care regardless of what categorization that insurer is in.

On the next slide, I have the URL here for our website. If you just remember out2enroll.org, it's very easy to navigate to the guides, but we have the guides and then also on that page we have a link to a Google drive that contains all of the certificates of coverage we were able to find. So, if you're in Alabama and you'd like to read over the plan documentation yourself, you can navigate into our Google folder and find the certificates of coverage there. We definitely, as I said, recommend that trans consumers look through the plan documents themselves and make sure that any particular medical needs they have will be covered under that provider, even if we've marked it as clear coverage.

And then, on the last slide, I just want to point out that sometimes folks experience a denial of coverage regardless of what category it might be in. Insurers might say that a certain procedure is cosmetic or not medically necessary. We do find that folks who appeal have a pretty good chance of proving the medical necessity of a gender-affirming procedure. So, we absolutely recommend that any consumers who are facing a denial of coverage first appeal through the insurance carrier. And we have some resources here. [HealthCare.gov](https://www.healthcare.gov) has some resources on how to appeal, and these resources are available on our website, on the guides directly, and then there's other information about the next steps to take if you want to file a complaint with your insurance commissioner with HHS directly.

And then on the last slide, just a little more resources about us. We have an info account that people can email us and reach out with any questions and stay in touch with us, and if there's any other information that trans folks need, we are definitely happy to help out. So, if you could advance to the next slide and show our contact information there. And then, oh no, the trans flag didn't come through, so we are available to people and please make sure that this information is widely available, pass it along to your networks. These trans guides really do help consumers to get a better understanding of where to start in terms of getting coverage. As Admiral Levine was discussing, we in the community have a history of underinsurance, so we'd love to make sure that people get the coverage they need, hopefully in the next two days. And thank you all very much for your time. I'm going to pass it over to Stefanie, and I'll be available for questions. Thank you.

Stefanie Costello: Great, thank you so much, Ben. And thank you to Katie and to Ben Walker and, of course, to Admiral Levine for her opening remarks and for all of that information. I think Tasha's been putting the links into the chat for you, so if you wanted to reference any of those links, they are there in the how to enroll resources that Ben went through, and I believe she put some resources in there for the Early Care and Education Workers Week of Action as well that Katie referenced. But now I want to talk a little bit about partner resources from CMS. So, on the screen now, we have the websites for our key Marketplace resources. The first is our partner tools and toolkit page. This webpage includes materials and resources to help partners promote Open Enrollment, and we have materials such as Talking Points and FAQs that will help you speak directly with partners.

We have a virtual event in the box and a reference sheet; we have information for you to be able to find and locate navigators in your area and find local in-person assistance. We have the theme weeks, which I'll talk about in just a moment. And then we also have some customizable materials at the very bottom and some social media as well. So, if you're looking for posters or fact sheets or postcards, those are all on the webpage, this partner tools and toolkits. On there as well as our theme weeks and so we have a theme week of action every week during Open Enrollment to help you focus your outreach on certain populations. And if you could tell, we have, this week is our theme week for the week of December 10, and that is our Health Centers Week of Action and our Early Care and Education Workers Week of Action. Then, last week, we had our LGBTQI+ Week of Action and Small Business Week. Next week, we have our Give the Gift of Health Care Week of Action and preparation for the holidays as well as Men's Week of Action. The week of December 24 we have Health and Wellness Week of Action, and rounding out the end of December and beginning of January, we have Preexisting Conditions Disability Week of Action and Women's Week of Action. And then the first full week in January is the Last Chance Week of Action as well as our Young Adult Week of Action, which coincides with Young Invincibles Young Adult Day of Action, which I believe is the 12th, Tasha can correct me if I'm wrong. And then of course, we've all heard January 16 as the last day to enroll in coverage. So, we also have, and sorry, each of the theme weeks, we have a toolkit for each of those theme weeks which are posted. Those theme week toolkits include Five Things Consumers Need to Know. We have social media for each of the theme weeks and talking points, and if your audience group has already had their theme week, we still have the resources up throughout all of Open Enrollment. So, we encourage you to focus on those theme weeks, but you can definitely promote to your audience throughout all of Open Enrollment, and those resources stay up through the entire time. We also have stakeholder webinars, as you know, because you're attending today's webinar. We will have two webinars in January. One is on January 10, which is our final deadline push, and then we're going to do one on January 31, which is our thank you and Coverage to Care. So, Coverage to Care is our resource out of the CMS Office of Minority Health and it is basically our health insurance literacy toolkits that we have. So, it helps people who might be using health insurance for the first time or maybe they're under using their health insurance. It really takes them through the nuts and bolts of getting insurance, understanding what premium, copay, deductible and what their health insurance card looks like, and it walks them through all the way to making an appointment and what questions to ask. So that will be January 31.

We also have our listserv messages, so hopefully y'all are getting those. They go out on a regular basis—we'll be sending one out next week to highlight any new partner tools and toolkits. We'll send one out at the beginning of January to highlight some toolkits for the final deadline push, and then the end of January we'll send out some information about Coverage to Care. And our last resource I want to highlight is our Champions for Coverage. These are national, regional, state, or local organizations who are willing to share [HealthCare.gov](https://www.healthcare.gov) outreach and enrollment information with underinsured and uninsured individuals and families. We have a virtual event in the box, social media toolkits, talking points, and listserv messages that champions can use to help with this promotion. So now we have some time for some Q&A, and if you have any questions today for the speakers that have been on, you can go ahead and submit those in the Q&A function. You can submit that in the Q&A function box at the bottom of your screen, and we'll do our best to get to as many questions as possible. Let's see if there's any down here. We did one question for Out2Enroll. It says, "Are there assister trainings available through Out2Enroll?" Ben?

Ben Panico: Thanks so much for the question. We do have a training. We have a longer, hour-long training that we are currently revamping and updating since there's some new information, especially with the data collection portion that we would like to train on. At the moment, we have a quick 20-minute training that I believe it is available on YouTube, and I will put the link to that in the chat. In the future, you can look forward to our new and improved longer training being available on our website. Another thing I just want to note is that we do have some time, if organizations want to reach out to us, we have some time to schedule to have a virtual training with an organization, specifically talk to folks, either go over the whole training or maybe just do a Q&A session for folks who have previously seen the training. So, that's available. You can reach out to us at the info@Out2Enroll.com account, and I'll put the YouTube link in the chat. Thanks very much.

Stefanie Costello: Great, thank you, Ben. We do have a question for ACF. The question is about what benefits there are for early childhood workers. So, I'm not sure if we're talking about the health insurance for the benefits of having health insurance for early childhood workers or if there's, you need to explain a little bit more. If that's not correct, Mary, you can let me know, but we'll have Kimberly jump in.

Kimberly Burgess Simms: Sure. I'm happy to jump in. Katie had to jump off. We are really working to try to promote more benefits access generally for the early care and education workforce, whether that's access to health insurance coverage, access to mental health supports or other things that can help them in their jobs. Many early care and education workers do not have sufficient breaks to even just take a moment for themselves and so we know that paid time off, paid planning time, and childcare benefits for their own children, there are many benefits that early care and education workers just don't have access to and we're working to improve, but that's part of why we're doing this week of action and the toolkit that we linked to that offers support for their early care and education workforce to access the Marketplace we think is a really important part of that.

Stefanie Costello: Thank you. A little bit more specific too, Mary was wondering if the benefits health insurance for early childhood workers are based on income. Yes. Well, yes and no. So,

health insurance is available to anyone through the Marketplace who doesn't have health insurance. So, if you don't currently have health insurance, you can go to the Health Insurance Marketplace [HealthCare.gov](https://www.healthcare.gov) and look for health insurance. The income base that you might be referring to are the subsidies that you could qualify for when you go to [HealthCare.gov](https://www.healthcare.gov), and the subsidies are income based. And so, what we always recommend is everybody go to [HealthCare.gov](https://www.healthcare.gov). If you don't have insurance, you'll have to fill out an application, and that does include your income because, again, it will let you know if you qualify for any subsidies. So, four out of five people are finding plans for \$10 or less a month, and that's because of the subsidies. We really encourage you to go to [HealthCare.gov](https://www.healthcare.gov) and check it out, and then you will be able to see all the subsidies that you might or might not qualify for.

A similar question, I guess, came in on that line of qualification for the Marketplace, but it says, "Can a non-custodial father who's responsible for providing insurance for his children but cannot claim them on their income tax return get insurance from the Marketplace?" So yes, again, anyone who's eligible can get insurance through the Marketplace, and that does not have anything to do with being a non-custodial father. But that same person in this example would have to enter their information into the Marketplace application, including their income, and there's household size as part of that as well and everybody that they would be applying for insurance for. But if it's just for their self only, they enter that into the application, and then [HealthCare.gov](https://www.healthcare.gov) will let them know what they qualify for. So again, we encourage everyone just to go into [HealthCare.gov](https://www.healthcare.gov) and start an application to see what they might qualify for.

Another question: "Is group coverage for a childcare facility, would that be health care covered by [HealthCare.gov](https://www.healthcare.gov) or would that be the responsibility of the childcare facility?" So, I would check with your childcare facility. Some childcare facilities offer health insurance, and Kimberly might be able to talk a little bit more about that, but I know some of them do offer health insurance, and some don't offer health insurance. And so, we would say that if your childcare facility does not offer health insurance to the employees, then that's an example where all the employees who might not have health insurance could go to [HealthCare.gov](https://www.healthcare.gov) and look for health insurance plans there. I don't know, Kimberly, if you have anything to add to that?

Kimberly Burgess Simms: Well, I'll just add that there are some cases where, unfortunately, members of the early care and education workforce don't have employer-sponsored health insurance coverage. And so that's why the Marketplace is really an important place for those individuals to access health insurance. But we also are encouraging all of our providers to offer health insurance. And so yeah, definitely something to bring up with your employer, but also consider the Marketplace as an option for finding some affordable coverage even if maybe you've looked in the past and it wasn't affordable for you, it may be affordable now.

Stefanie Costello: Thank you. We do have a question. "If someone has a family childcare small business educator without a W2, how would I qualify for health insurance based off income?" I might need Ben's help on this one, but I don't believe, Ben correct me, or keep me honest here, or this is for Ben Walker. I know we have two Bens here, that you need to put your income in [HealthCare.gov](https://www.healthcare.gov), but Ben Walker, I'm not sure if you know what the requirements are for proof of income in [HealthCare.gov](https://www.healthcare.gov), and if you don't, then we can get back to the person.

Ben Walker: Yeah, I think Dena's on from our team, we can talk a little bit about that, Dena.

Dena Nelson: Sure. Thanks, Ben. So, when the consumer enters their income on [HealthCare.gov](https://www.healthcare.gov), it's totally fine to have income other than job W2 income. What they would do is estimate their current month's income as well as their expected annual income for the year with the income sources that they expect to have. If they're self-employed, then the same rules apply as would be on their tax return, where they can subtract expenses that also are subtracted on their tax return in order to come up with their net self-employment income. And then what the Marketplace does is check electronic data sources to confirm that income. If more information is needed from the consumer, then the eligibility results and the notice at the end will tell the consumer what they need to submit for additional documentation, and there are a range of options they could submit, for example, their tax return from the previous year, if that mirrors closely what they expect to get in the coming year. But also, you can send in a written explanation of why you've estimated your income in the way you have, and so that can just be something that you write up that explains how much you get and why that's what you get and that works fine. Thank you.

Stefanie Costello: Thank you, Dena. And I know some of these questions too are specific, but if you have these questions or you're talking with your colleagues, we do encourage you to call the Marketplace call center and then you can go to “find local help,” which I know we'll put that in the link in a little bit and you can find an in-person assister who can really help walk you through all of this as well. If you're not comfortable just going to [HealthCare.gov](https://www.healthcare.gov) and going through it yourself, we definitely have different options available to help consumers work their way through the application. And so, I think that's it for questions, so I'm going to turn it over to Tasha Bradley, who's going to close the call out, and thank you, Tasha, for the “find local help” in the chat. Thank you.

Tasha Bradley: Thank you, Stefanie. Thank you all for joining us today. I also want to say thank you to our panelists. It's been great having you guys all here today. Before we close out, we want to just share our call to action this year. Our goal is to get as many people as possible enrolled in health coverage, and we need your help to do that. Here is how you can help us with the information you should share with your partners and also consumers that you might encounter: Consumers should enroll by December 15 if they want coverage that starts January 1. Four out of five [HealthCare.gov](https://www.healthcare.gov) consumers are able to find health coverage for \$10 or less per month with financial help. Encourage consumers who need help enrolling in coverage to visit “find local help” or to call 1-800-318-2596 or a TTY number, which is 855-889-4325. Free help is available 24 hours a day, seven days a week, and assistance is available in over 200 languages. Use the materials available on our partner tools and toolkits page on [cms.gov](https://www.cms.gov) to educate consumers and your partners about Marketplace Open Enrollment. Finally, remember that CMS can't do this without each one of you and your organization. We are thankful for all your continued support and work each year for Open Enrollment. Thank you to all of our speakers for sharing information about the Open Enrollment period. As mentioned at the top of the call, we will post the recording and transcript for today's webinar to the partner tools and toolkits page on [cms.gov](https://www.cms.gov) soon. Please join us for our next webinar on Wednesday, January 10, at 3:00 p.m. to continue learning about the resources and materials available to help you and your outreach and enrollment efforts. To register for the upcoming webinars, please use the link posted in the chat

or in the email you received about this event. Please share the invitation to this webinar series with your networks. Thank you all so much again for joining us and we will, you next month. This concludes our webinar, and we thank you for joining. Goodbye, everyone.