Making Enrollment Decisions

Best Practices for Maximizing Consumer Coverage

2023 Agent and Broker Summit

Centers for Medicare & Medicaid Services (CMS)
Center for Consumer Information & Insurance Oversight (CCIIO)

May 24, 2023

Disclaimer

The information provided in this presentation is intended only as a general, informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agent and Broker Resources webpage (http://go.cms.gov/CCIIOAB) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to "Marketplace" in the presentation only include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

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Agenda

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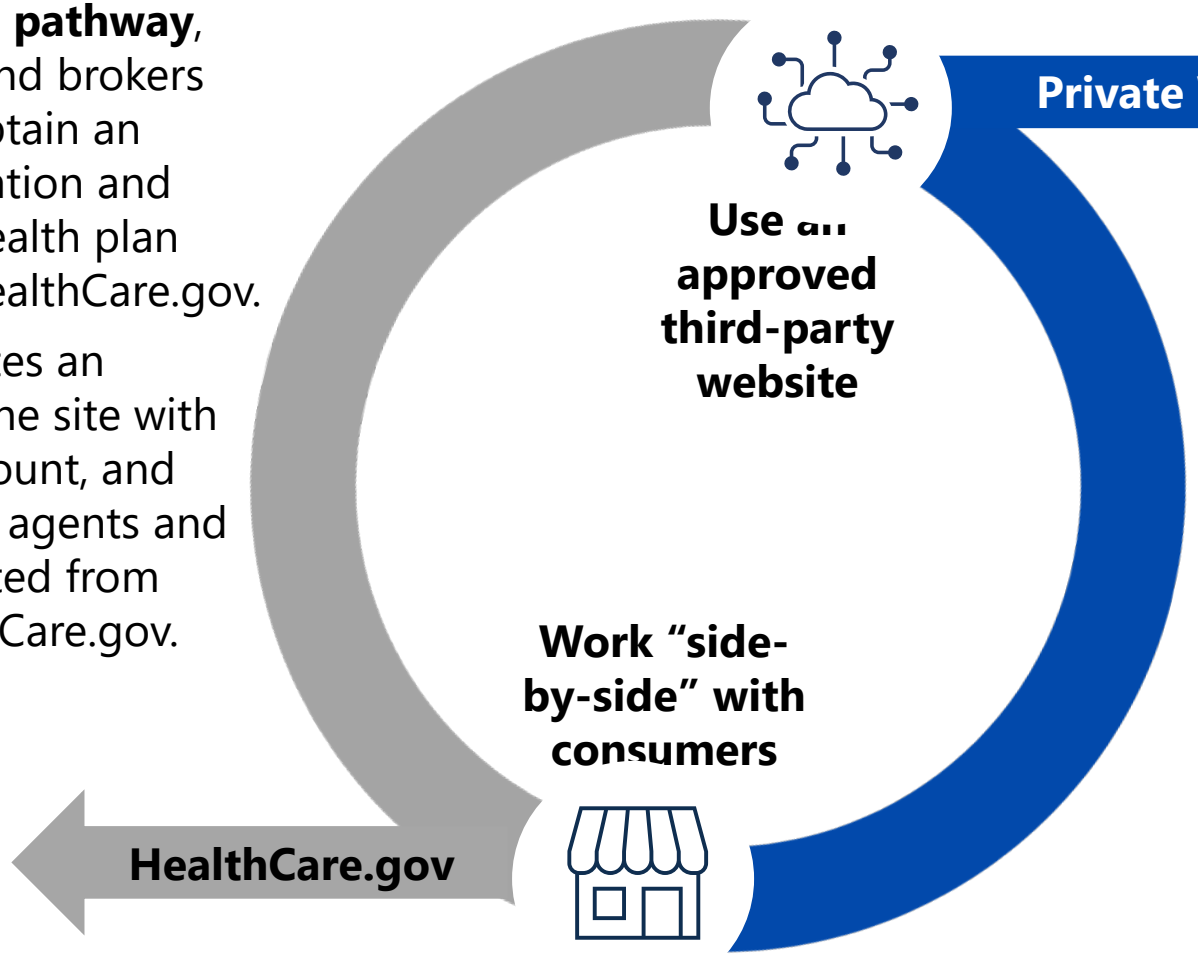
07 Open Discussion; Live Question and Answer Session

Session Objectives

- Review upcoming changes to the Marketplace application regarding enrollment decisions.
- Collaborate on effective practices for enrolling consumers in the best plans for their situations.
- Discuss any questions agents and brokers may have.

Enrollment Pathways

- In the **Marketplace pathway**, registered agents and brokers help a consumer obtain an eligibility determination and select a qualified health plan (QHP) directly at HealthCare.gov.
- The consumer creates an account, logs into the site with their consumer account, and 'drives' the process; agents and brokers are prohibited from logging into HealthCare.gov.



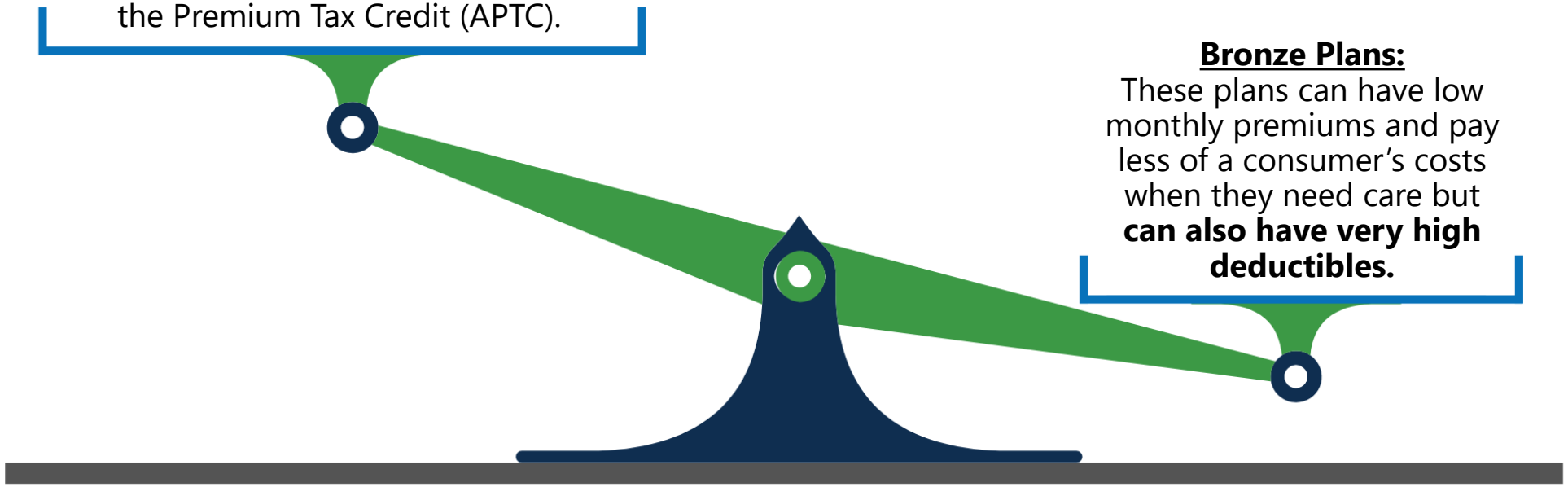
The **Enhanced Direct Enrollment (EDE) Pathway** offers enhanced functionality from approved QHP issuers and web-brokers, including fully integrated platforms where agents and brokers can:

- Efficiently enroll a consumer on an approved EDE website without needing to be redirected to HealthCare.gov or the Marketplace Call Center, and
- Easily assist clients with year-round policy and client relationship management, including uploading required documentation and retrieving notices (e.g., Forms 1095-A) from an approved EDE website.

Maximizing Consumer Savings

If a consumer qualifies for cost-sharing reductions (CSRs), agents and brokers should explain the benefits of enrolling in a Silver plan. **If the consumer qualifies for and enrolls in a Silver plan with CSRs, their deductible will be lower, and they will pay less each time they receive care.**

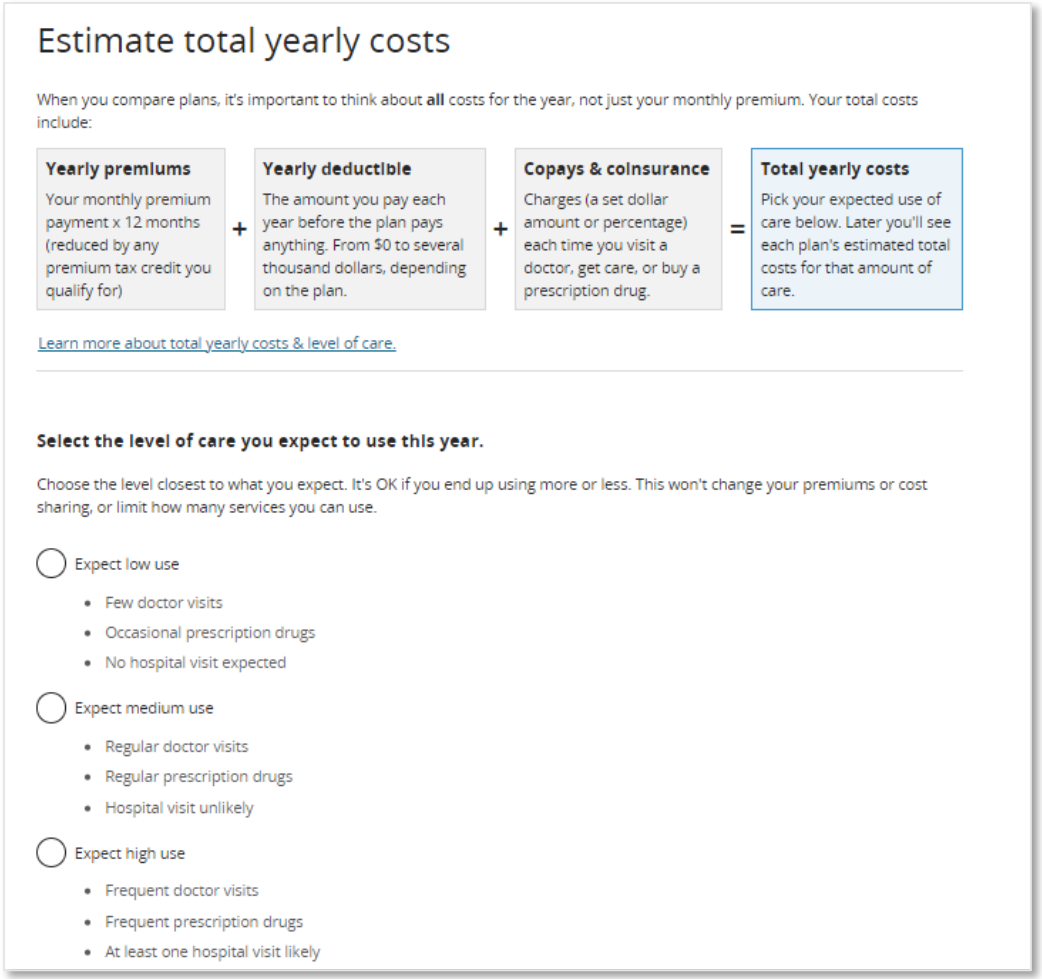
Silver Plans:
Consumers with incomes between 100–200% of the federal poverty level (FPL) may be eligible for high-CSR variant Silver plans, **which may offer the lowest overall costs** for them even if Bronze plans offer lower or $0 premiums after Advance Payments of the Premium Tax Credit (APTC).



Bronze Plans:
These plans can have low monthly premiums and pay less of a consumer's costs when they need care but **can also have very high deductibles.**

See Plans & Prices Tool

- You can use the "See Plans & Prices" tool on HealthCare.gov to estimate total yearly costs based on expected coverage use throughout the year by entering specific client information.
- Many EDE and Classic Direct Enrollment (DE) partners offer similar services.
- On the "See Plans & Prices" tool, the estimates for low, medium, and high levels of coverage use are defined using predicted frequency of doctor visits, prescription drug orders, and hospital visits.



Estimate total yearly costs

When you compare plans, it's important to think about **all** costs for the year, not just your monthly premium. Your total costs include:

Yearly premiums	+	Yearly deductible	+	Copays & coinsurance	=	Total yearly costs
Your monthly premium payment x 12 months (reduced by any premium tax credit you qualify for)		The amount you pay each year before the plan pays anything. From $0 to several thousand dollars, depending on the plan.		Charges (a set dollar amount or percentage) each time you visit a doctor, get care, or buy a prescription drug.		Pick your expected use of care below. Later you'll see each plan's estimated total costs for that amount of care.

Learn more about total yearly costs & level of care.

Select the level of care you expect to use this year.

Choose the level closest to what you expect. It's OK if you end up using more or less. This won't change your premiums or cost sharing, or limit how many services you can use.

◯ Expect low use
- Few doctor visits
- Occasional prescription drugs
- No hospital visit expected

◯ Expect medium use
- Regular doctor visits
- Regular prescription drugs
- Hospital visit unlikely

◯ Expect high use
- Frequent doctor visits
- Frequent prescription drugs
- At least one hospital visit likely

Easy Pricing Plans

2023 Final Payment Notice	2024 Final Payment Notice
» All issuers offering QHPs through federal Marketplace Exchanges (FFEs) and State-based Exchanges on the Federal Platform (SBE-FPs) must offer standardized plan options (SPOs) on any metal level, in any service area, for which they offer non-standardized plans. ○ A second set of SPOs apply to DE and LA due to their respective cost-sharing laws. ○ This requirement does not apply to issuers in the small group market, or Indian CSR plan variations. ○ Issuers operating in State Exchanges, or FFEs and SBE-FPs where State action required SPOs to be offered on or before January 1, 2020 (e.g. OR) are exempt.	» Maintains the same standards as in 2023 Payment Notice. » For plan year (PY) 2024 and subsequent PYs, we are finalizing two sets of plan designs. » Limits the number of non-standardized plan options that QHP issuers may offer through the Exchanges using the Federal Platform to **four** non-standardized plan options per product network type, metal level (excluding catastrophic plans), and inclusion of dental and/or vision benefit coverage, in any service area for PY 2024. » CMS would consider limiting the number of a non-standardized plan options per product network type, metal level (excluding catastrophic plans), and inclusion of dental and/or vision benefit coverage, in any service area to **two** for PY 2025 and subsequent PYs.

Easy Pricing Plans (continued)

2023 Final Payment Notice	2024 Final Payment Notice
» Requires one bronze plan, one bronze plan that meets the requirement to have an actuarial value (AV) up to five points above the 60 percent standard (expanded bronze plan), one standard silver plan, one version of each of the three income-based silver CSR plan variations, one gold plan, and one platinum plan.	» No longer requires issuers to offer a standardized plan option (SPO) for non-expanded bronze metal level plans. » This is mainly due to AV constraints, as it is not feasible to design a non-expanded bronze plan that includes any pre-deductible coverage while maintaining an AV within the permissible AV de minimis range.

2024 Easy Pricing Plan Design (Excludes DE, LA, OR)

TABLE 10: 2024 Proposed Standardized Plan Options Set One (For All FFE and SBE-FP Issuers, Excluding Issuers in Delaware, Louisiana, and Oregon)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	64.39%	70.00%	73.00%	87.03%	94.06%	78.02%	88.10%
Deductible	$7,500	$6,000	$5,700	$700	$0	$1,500	$0
Annual Limitation on Cost Sharing	$9,400	$9,100	$7,200	$3,000	$1,800	$8,700	$3,200
Emergency Room Services	50%	40%	40%	30%	25%*	25%	$100*
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	50%	40%	40%	30%	25%*	25%	$350*
Primary Care Visit	$50*	$40*	$40*	$20*	$0*	$30*	$10*
Urgent Care	$75*	$60*	$60*	$30*	$5*	$45*	$15*
Specialist Visit	$100*	$80*	$80*	$40*	$10*	$60*	$20*
Mental Health & Substance Use Disorder **Outpatient** ***Office Visit***	$50*	$40*	$40*	$20*	$0*	$30*	$10*
Imaging (CT/PET Scans, MRIs)	50%	40%	40%	30%	25%*	25%	$100*
Speech Therapy	$50*	$40*	$40*	$20*	$0*	$30*	$10*
Occupational, Physical Therapy	$50*	$40*	$40*	$20*	$0*	$30*	$10*
Laboratory Services	50%	40%	40%	30%	25%*	25%	$30*
X-rays/Diagnostic Imaging	50%	40%	40%	30%	25%*	25%	$30*
Skilled Nursing Facility	50%	40%	40%	30%	25%*	25%	$150*
Outpatient Facility Fee (Ambulatory Surgery Center)	50%	40%	40%	30%	25%*	25%	$150*
Outpatient Surgery Physician & Services	50%	40%	40%	30%	25%*	25%	$150*
Generic Drugs	$25*	$20*	$20*	$10*	$0*	$15*	$5*
Preferred Brand Drugs	$50	$40*	$40*	$20*	$15*	$30*	$10*
Non-Preferred Brand Drugs	$100	$80	$80	$60	$50*	$60*	$50*
Specialty Drugs	$500	$350	$350	$250	$150*	$250*	$150*

*Benefit category not subject to the deductible.

2024 Easy Pricing Plan Design (for DE and LA)

TABLE 11: 2024 Proposed Standardized Plan Options Set Two (For Exchange Issuers in Delaware and Louisiana)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	64.39%	70.00%	73.00%	87.04%	94.08%	78.04%	88.11%
Deductible	$7,500	$6,000	$5,700	$700	$0	$1,500	$0
Annual Limitation on Cost Sharing	$9,400	$9,100	$7,200	$3,000	$1,900	$8,700	$3,200
Emergency Room Services	50%	40%	40%	30%	25%*	25%	$100*
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	50%	40%	40%	30%	25%*	25%	$350*
Primary Care Visit	$50*	$40*	$40*	$20*	$0*	$30*	$10*
Urgent Care	$75*	$60*	$60*	$30*	$5*	$45*	$15*
Specialist Visit	$100*	$80*	$80*	$40*	$10*	$60*	$20*
Mental Health & Substance Use Disorder **Outpatient** ***Office Visit***	$50*	$40*	$40*	$20*	$0*	$30*	$10*
Imaging (CT/PET Scans, MRIs)	50%	40%	40%	30%	25%*	25%	$100*
Speech Therapy	$50*	$40*	$40*	$20*	$0*	$30*	$10*
Occupational, Physical Therapy	$50*	$40*	$40*	$20*	$0*	$30*	$10*
Laboratory Services	50%	40%	40%	30%	25%*	25%	$30*
X-rays/Diagnostic Imaging	50%	40%	40%	30%	25%*	25%	$30*
Skilled Nursing Facility	50%	40%	40%	30%	25%*	25%	$150*
Outpatient Facility Fee (Ambulatory Surgery Center)	50%	40%	40%	30%	25%*	25%	$150*
Outpatient Surgery Physician & Services	50%	40%	40%	30%	25%*	25%	$150*
Generic Drugs	$25*	$20*	$20*	$10*	$0*	$15*	$5*
Preferred Brand Drugs	$50	$40*	$40*	$20*	$5*	$30*	$10*
Non-Preferred Brand Drugs	$100	$80	$80	$60	$10*	$60*	$50*
Specialty Drugs	$150	$125	$125	$100	$20*	$100*	$75*

*Benefit category not subject to the deductible.

Agent and Broker Resources

- **Agent and Broker General Resources:** https://regtap.cms.gov/reg_librarye.php?i=4182
- **Agent and Broker Help Desk Information:** https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Agent-Broker-Help-Desks.pdf
- **Agent and Broker FAQs:** https://www.agentbrokerfaq.cms.gov/s/

Closing

Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.

We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success!