

Centers for Medicare & Medicaid Services  
Champion for Coverage: Preparing for Open Enrollment  
Moderator: Stefanie Costello  
October 25, 2018  
2:00 p.m. ET

Operator: Good afternoon. My name is Jessie and I'll be your conference operator today. At this time, I would like to welcome everyone to the Champion for Coverage Preparing for Open Enrollment Conference Call.

All lines have been placed on mute to prevent any background noise. If you should need assistance during the call, please press star zero on your telephone keypad and an operator will come back to assist you. Thank you.

Stefanie Costello, Office of Communications at CMS, you may begin your conference.

Stefanie Costello: Great. Thank you, Jessie. Hello, everyone, and welcome to the October Champion for Coverage call. Today, we're going to be focusing on preparing for enrollment outreach initiatives and activities for this year's open enrollment, which begins next week.

I'm Stefanie Costello with the Partner Relations Group in the Office of Communications here at the Centers for Medicare and Medicaid Services.

Before we begin the presentation, I want to provide a few housekeeping tips and updates. We're still looking for more champions. So, we encourage you to spread the word to other organizations that you work with. You can learn more about the program by going to [Marketplace.cms.gov](https://Marketplace.cms.gov), click on the link at the bottom of the page right underneath *About Assister Program*, and click on the *Get the Latest Guidance on Assister Programs and Apply*.

Once you're there, click on the last link called, *Become a Champion for Coverage*. There's a short online form and you can fill it out and submit directly through the website. If you have any questions, you can go ahead and e-mail us at [champion@cms.hhs.gov](mailto:champion@cms.hhs.gov).

This is a stakeholder call and not intended for the press. We ask press to send their questions directly to the CMS Office of Media Affairs at [press@cms.hhs.gov](mailto:press@cms.hhs.gov). This is a call only and not a webinar today. After the call, we will send out the resources that we discussed on today's call.

And now, I want to provide you with a few updates from CMS. We'll start with open enrollment. Open enrollment runs from November 1st through December 15th for coverage beginning January 2019. As always, you can direct people to [Healthcare.gov](https://www.healthcare.gov). Currently, we have updated the website with a Get Ready to Apply for 2019 Coverage.

You can visit [Healthcare.gov/applyandenroll](https://www.healthcare.gov/applyandenroll) and get ready to apply. Instructions for both current enrollees and for consumers with and consumers without insurance can be accessed from [Healthcare.gov](https://www.healthcare.gov) and you can choose a path that meets your needs.

All marketplace plans cover the same set of Essential Health Benefits, preventative care and preexisting conditions. Starting November 1st, you can enroll or renew a plan for 2019 so you'll continue to have access to these benefits.

What are the Essential Health Benefits? Essential health benefits are a set of 10 categories or services including doctor's visits, inpatient and outpatient hospital care, prescription drugs, pregnancy and childbirth, mental health, and more.

The health insurance plans must cover. Plans must also offer birth control and breastfeeding coverage. There are minimum requirements for all marketplace plans and plans may offer more benefits. You'll see exactly what's covered when you compare plans.

So, what's preventative care? Most health plans must cover a set of preventative services like shots and screening tests at no cost to you. Preventative services are used to prevent illnesses, disease and other health problems or to detect illness at an early stage when treatment is likely to work best. These services are free only when delivered by a doctor or other provider in your plan's network.

What coverage – what's coverage for preexisting conditions? All marketplace plans must cover treatment for preexisting medical conditions like asthma, diabetes, and cancer. Marketplace plans can't deny you coverage or raise your rates based on your health. Pregnancy is also covered from the day your plan starts.

We're also updating the [Healthcare.gov](https://www.healthcare.gov) blog regularly with new information. And we encourage you to go to [www.healthcare.gov/blog](https://www.healthcare.gov/blog). If you haven't already, we encourage you also to sign up to get updates on [Healthcare.gov](https://www.healthcare.gov). There's also additional information on our outreach and education page, which is [marketplace.cms.gov](https://marketplace.cms.gov). And there's also an additional Assister and Navigator resources found at [marketplace.cms.gov](https://marketplace.cms.gov). Don't worry. I'll be sending out all of these links after the call.

And now, for some updates. CMS announces decreases in premiums for 2019 coverage year. On Thursday, October 11th, CMS announced that the average premium for second lowest cost silver plans for the 2019 coverage year will drop by 1.5 percent, the first time average premiums have dropped since the implementation of the federally facilitated exchange in 2014. For additional information, you can see the press release at the CMS Newsroom.

There's going to be some scheduled [Healthcare.gov](https://www.healthcare.gov) maintenance during the 2019 open enrollment period. Every year, CMS establishes scheduled maintenance windows that provides periods of time when CMS and its partners can make updates to or resolve issues with [healthcare.gov](https://www.healthcare.gov). In order to allow assisters to plan in advance of open enrollment, CMS shared the maximum potential windows of scheduled maintenance on [Healthcare.gov](https://www.healthcare.gov) for the opening – upcoming open enrollment period.

As it has been in the past, CMS anticipates the actual maintenance periods will be shorter while we work to minimize disruption for consumers. Last year, while [Healthcare.gov](https://www.healthcare.gov) had a set of total of 60 hours as a maximum potential period of scheduled maintenance during open enrollment, the site only used 21.5 hours. The notice from CMS listing the dates and times for the potential maintenance periods can be found on [marketplace.gov](https://marketplace.gov).

There will be a down – maintenance period on Thursday, November 1st, early in the morning, and on Sundays from 12:00 a.m. to 12:00 p.m. for potential outages for maximum time allotted, except on December 9th, which is the Sunday prior to the close of the open enrollment period.

The Quality Rating System has expanded to five states. CMS has added three states, Michigan, Montana, and New Hampshire, to the pilot for displaying Qualified Health Plan, QHP Quality Rating Information, on [Healthcare.gov](https://www.healthcare.gov) for plan year 2019. Virginia and Wisconsin will continue to display QHP quality rating information for plan year 2019, which appears for each plan as a star rating in Window Shopping and Plan Compare 2.0.

An update on taxes. The IRS has posted the 2018 1095-A forms and instructions. They posted the final updated 2018 Form 1095-A and associated instructions on their website. As a reminder, Form 1095-A is provided by each health insurance exchange to the individual who enrolled in a Qualified Health Plan through the health insurance exchange for a particular coverage year. It allows individuals to claim the premium tax credit to reconcile the tax credit on their federal tax returns with advance payments of the premium tax credit and to file an accurate tax return for their coverage year.

Another announcement is relating to the emergency and major disaster declarations by the Federal Emergency Management, FEMA special enrollment periods, termination of coverage, and payment deadline flexibilities. This is effective as of August 9, 2018. There's a special enrollment period for the (FSCs) who offer – who offer the special enrollment period out of the annual open enrollment period to individuals who experience qualifying events.

Typically, individuals have 60 days from the date of the qualifying event to enroll on the Qualified Health Plan. However, if an individual or his or her dependents are affected by an emergency or major disaster that is recognized with a formal declaration from the Federal Emergency Management Agency, FEMA, and that emergency or major disaster prevents the individual or his or her dependents from enrolling within 60 days of the qualifying event, the individual and his or her dependents will be eligible for an exceptional

circumstances, SCP, which will allow them to complete their exchange enrollment. There is additional guidance on [CMS.gov](https://www.cms.gov).

We have a few Outreach and Education updates. For consumer outreach, for this year, we're encouraging those organizations who provide consumer outreach to start planning your outreach now if you haven't done so already. We also encourage you to define your target areas and be strategic with your messaging. There is proven effective strategies listed on [Marketplace.cms.gov](https://www.cms.gov/marketplace) and we encourage you to collaborate with partners and stakeholders.

For consumer specific education, we found that it's very valuable to meet consumers where they are, to utilize and share important resources, and to educate consumers on [Healthcare.gov](https://www.healthcare.gov). We always emphasize that you need to meet your consumers where they are, which means knowing what your consumers do and don't know about the Marketplace coverage and what they need to know.

So, if your consumers are new to the Marketplace, there's typically a basic level of information and knowledge that will need to be shared so consumers understand the Marketplace and their individual insurance options. If your consumers are new to the marketplace and new to health insurance as well, you'll need to educate them on the basics of health insurance to be sure the consumers can make an informed decision of the best choices of plans for themselves and their families.

If the consumer is familiar with the Marketplace and health insurance and your job is to provide information about any changes that may have occurred since they last enrolled and make sure to ask about any life changes or changes to circumstances for the consumer that they might have experienced since enrolling.

Making sure consumers have the information they need when they need it as well as the ability to gain the access to additional resources is the goal. We want to share resources. And again, I'll send these out, like the value of health

insurance brochure, the health insurance marketplace brochure, both of which are available in multiple languages.

We also encourage you to use the summary of benefits and coverage to compare plans and review a presentation we have online about the summary of benefits and coverage. We also encourage you to use the glossary on [Healthcare.gov](http://Healthcare.gov) to explain key health insurance terms. And then again, additional resources are going to be on [marketplace.cms.gov](http://marketplace.cms.gov).

I also want to take time today to talk about one of our resources related to health literacy. And this is our coverage to care campaign. So, what is coverage to care? We also refer to it as C2C and C2C aims to help individuals understand their health coverage and connect to primary care and the preventative services that are right for them so they can live a long and healthy life.

Regardless of the consumer or type of insurance, everyone can use C2C. So, the goals of C2C are helping consumers understand their coverage but also to increase connections to healthcare services. We focus on finding a provider, making an appointment and actually using their coverage to receive preventative services.

All the same resources are still available from C2C, including consumer facing pieces like the [Roadmap to Better Care](#) and [Five Ways to Make the Most of your Health Coverage](#), as well as financial health literacy pieces and partner tools. They've also added a behavioral health piece since last year. You can go to [CMS.gov/c2c](http://CMS.gov/c2c) and all of these can be ordered and shipped to your organization for free.

New to C2C this year is [My Health Coverage at-a-Glance](#). This is currently available in English and Spanish and you can find it on the C2C website. This piece is in direct response to request from consumers and partners to offer personalized information. We at CMS can't make an individual piece for every insurance plan or even every state. But what we did instead was allow for customizable fields so the consumer either by themselves or along with the

community partners' help, such as yourself, can write in the information specific to their plan.

Before C2C created this, they spoke with some key partners working with consumers in health – about health coverage. C2C gathered feedback from partners asking them what would be helpful and what they would want. It was clear we wanted to do a short piece. So, it is just a front and back and includes plan information, knowing what you pay for care, knowing where to go for care, and dates to remember at a note section.

Some of this information, consumers may have. Maybe they have Googled co-insurance or they can look at their insurance card for their member ID but seldom do we have it all in one place. This way we have that personalized information right next to the definition all on one sheet of paper. This is a great time of year to use this piece as the person is enrolling in or updating their health coverage for next year. They can fill in the resources with the most recent information.

Coming soon: we have some prevention materials, including flyers specific to women, men, infants, children, and teens, and soon will be available in eight languages. Until then, find them on our website and you can also order them in English and Spanish. I'll send the website out. But one more time, it's [go.cms.gov/c2c](http://go.cms.gov/c2c) and you're also free to e-mail the Coverage To Care team at [coveragetocare@cms.hhs.gov](mailto:coveragetocare@cms.hhs.gov).

We want to thank you for joining us today as we are preparing for open enrollment. I know that everyone is really busy getting ready for the kick off next Thursday. We appreciate you taking the time to join us today. If you have any follow-up questions, you can e-mail us at [champion@cms.hhs.gov](mailto:champion@cms.hhs.gov). That's [champion@cms.hhs.gov](mailto:champion@cms.hhs.gov).

And with that, that concludes today's call. Thank y'all and have a great day.

End