

Mastering the Marketplace Application for Plan Year 2024

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

October 19, 2023

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.

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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New Sexual Orientation and Gender Identity (SOGI) Questions on the Marketplace Application

Background: Current Marketplace "Sex" Question

- » Currently, the Marketplace application asks a binary "Sex" question with "Male" or "Female" response options.
- » Consumer's answer of "Female" is used to trigger questions about pregnancy, which is an eligibility criteria for Medicaid and the Children's Health Insurance Program (CHIP).
- » There will be **no changes** to the existing "Sex" question.
 - Consumer's response to this question will continue to be stored in the Marketplace system, shared with issuers if the consumer enrolls in a plan, and shared with state Medicaid/CHIP agencies if the consumer is transferred.

Tell us about yourself

Do you need coverage for yourself?

Yes
 No

First name
Gabriella

Middle name
Optional

Last name
Lopez

Suffix
Optional

Date of birth
For example: 3/4/2018
Month Day Year
2 / 21 / 1995

Sex
 Female
 Male

Save & continue

Sex

Female
 Male

Marketplace "Sex" Question Help Text



Sex

[Learn more about why we're asking.](#)

Female

Male

How this information is used

Close

We share responses to "Sex" with the insurance company when you enroll in a plan. This information may also be shared with agencies like your state Medicaid or Children's Health Insurance Program (CHIP), if anyone in the household is eligible for these programs.

If a person is pregnant, be sure to select "Female" so that they can tell us about the pregnancy later in the application. That way, we'll make sure they're eligible for coverage to keep them and their baby healthy.

Get more information on [HealthCare.gov](#) about the Marketplace [Privacy Policy](#) and [how we use your data](#).

New Marketplace SOGI Questions



- » Starting on **November 1, 2023** the Marketplace will be asking three new SOGI questions on all applications starting with Plan Year 2024
 - New questions will be asked for all individuals on the application ages 12 and older
 - New questions will be optional and will be asked alongside existing race/ethnicity questions on Healthcare.gov
- » Existing required binary "Sex" question will remain on the application

Category	Question	Responses
Sex Assigned at Birth	<p>What was [First Name]'s sex assigned at birth? <i>You can find this on an original birth certificate or similar document. (optional, single select)</i></p>	<ul style="list-style-type: none"> ○ Female ○ Male ○ A sex that's not listed: [free text] ○ Not sure ○ Prefer not to answer
Gender Identity	<p>What's [First Name]'s gender identity? <i>(optional, single select)</i></p>	<ul style="list-style-type: none"> ○ Female ○ Male ○ Transgender female ○ Transgender male ○ A gender identity that's not listed: [free text] ○ Not sure ○ Prefer not to answer
Sexual Orientation	<p>What's [First Name]'s sexual orientation? <i>(optional, single select)</i></p>	<ul style="list-style-type: none"> ○ Lesbian or gay ○ Straight ○ Bisexual ○ A sexual orientation that's not listed: [free text] ○ Not sure ○ Prefer not to answer

Catalysts for New SOGI Questions



The collage features several documents and reports:

- FEDERAL EVIDENCE AGENDA ON LGBTQI+ EQUITY**: A report by the Subcommittee on Sexual Orientation, Gender Identity, and Variations in Sex Characteristics (SOGI) Data, Subcommittee on Equitable Data, of the NATIONAL SCIENCE AND TECHNOLOGY COUNCIL, dated January, 2023. It includes the seal of the Executive Office of the President of the United States.
- Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government**: Dated January 20, 2021, with navigation links for Administration, Priorities, and The Re.
- Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals**: Dated June 15, 2022, with navigation links for Administration, Priorities, and The Re.
- Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation**: Dated January 20, 2021, with navigation links for BRIEFING ROOM and PRESIDENTIAL ACTIONS.
- 2022 Sexual Orientation and Gender Identity Data Listening Session Summary**: Presented by Scott Stare, DPAG/CMS OMH.
- PILLAR: HEALTH EQUITY**: A graphic featuring the CMS Strategic Plan logo and a classical column icon.

Purpose of SOGI Questions

- » The new SOGI questions will be used for demographic data reporting for the purposes of analyzing health disparities in access to coverage.
- » Adding SOGI questions improves the Marketplace consumer experience by allowing consumers to attest in a way that better reflects and affirms their identities.



Best Practices for Asking SOGI Questions of Consumers



CMS has identified the following best practices to promote equitable and accurate data collection from consumers:

- » Clearly outline the purpose of the SOGI questions, including privacy and security measures:
 - Explain that the questions will be used to help identify gaps in access to health coverage, similar to how race and ethnicity data are used. Responses to these questions will not impact plan pricing.
 - Emphasize that the new data will be kept private and secure. In other words, the new data will not be shared with issuers, Medicaid and CHIP agencies, or other third parties at this time.
- » Use Marketplace recommended question and answer wording to enhance consumers' understanding of SOGI questions and encourage responses:
 - Ensure consumers understand that the questions are optional. They can skip or respond "Prefer not to answer."
 - Ensure consumers understand that they can use free text response options to enter their own preferred terms.
 - Use help text to provide further context and explanation of the questions and answer options.
 - Clarify that the application filer can skip the questions or respond "Not sure" if they are unsure of how to answer the questions for others on the application. This will help improve data accuracy.
 - Explain that the Marketplace application will ask these questions for household members ages 12 and older.
 - At any time, consumers can update their responses to the new SOGI questions, including changing or removing their previous responses.

Impact on Marketplace Eligibility Results and Health Care



- » An individual's responses to the new SOGI questions will have no impact on their eligibility results, plan pricing, or plan costs.
- » At this time, any data received from the three new optional SOGI questions **will not** be shared with downstream systems or agencies, including issuers and state Medicaid/CHIP agencies.
- » CMS expects issuers and providers to administer applicable and medically necessary care in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, without regard to Marketplace record of sex, sex assigned at birth, gender identity or sexual orientation.

Best Practices for Agents, Brokers, and Assisters and Navigators



- » The questions are *optional* for the consumers to answer. However, the agent, broker, or assister should always ask the consumer these questions so consumers can choose whether to answer them.
- » Responses to SOGI questions should always be self-reported by the consumer. Agents, brokers, and assisters should not guess the answers to the SOGI questions or make any assumptions even if they think they know the answers based on their interaction with the consumer. The consumer should have the opportunity to decide how to answer each SOGI question.
- » These questions may be sensitive and it is understandable that some may feel discomfort asking their clients the new demographic questions. One way to normalize the questions is to explain that all consumers are asked these same questions. Although some may assume their clients will be offended by SOGI questions, research shows this is rarely the case.

Terms Defined



- » **Sex:** A multidimensional construct based on a cluster of anatomical and physiological traits (sex traits)
- » **Gender:** A multidimensional construct that links gender identity, gender expression, and social and cultural expectations about status, characteristics, and behavior that are associated with sex traits
- » **Sexual Orientation:** A multidimensional construct encompassing emotional, romantic, and sexual attraction, identity, and behavior

Source: *Measuring Sex, Gender Identity, and Sexual Orientation*. National Academies of Sciences, Engineering, and Medicine. March 2022. Detailed definitions for SOGI-related terms can be found in the report.

Resources



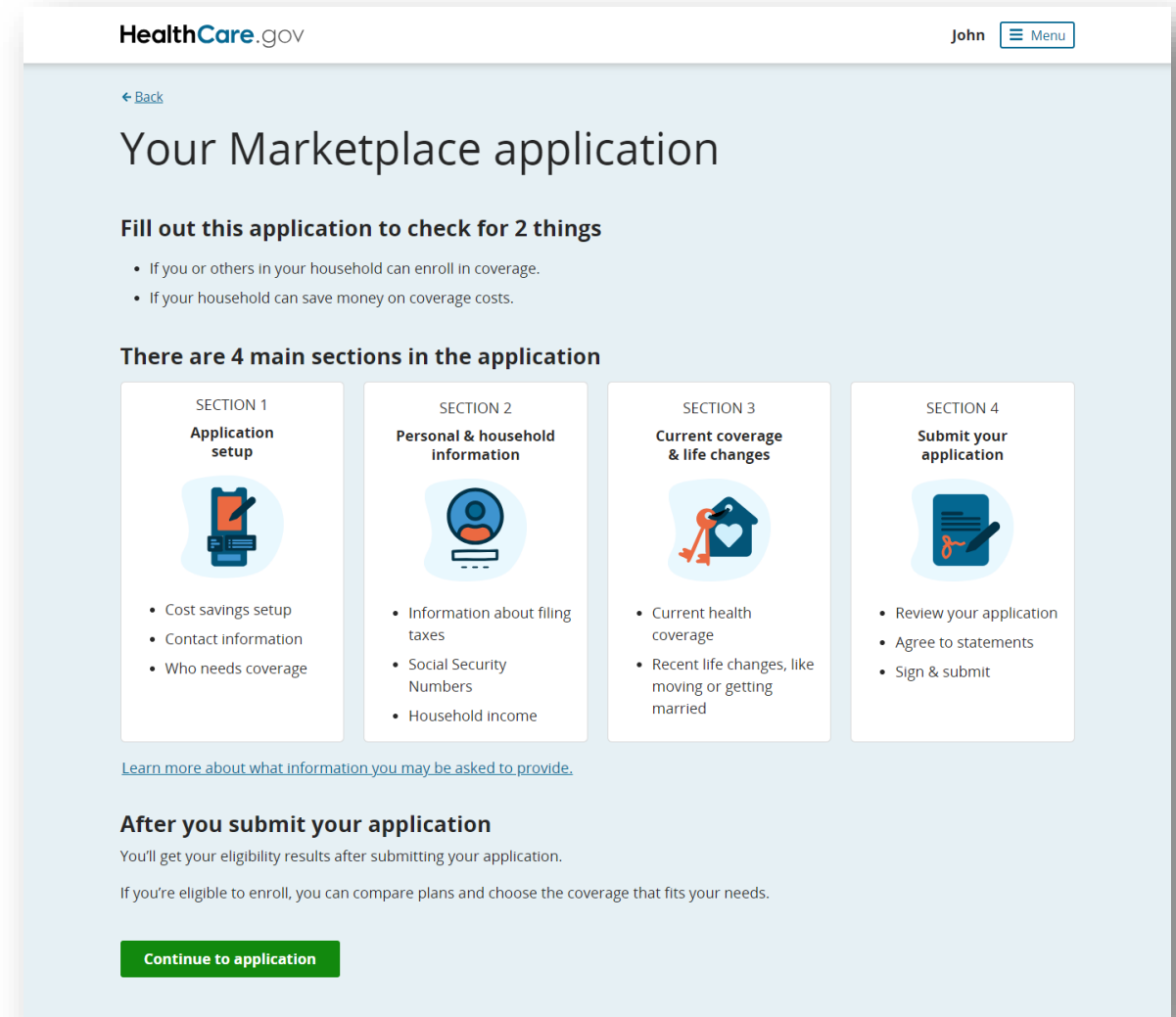
- » [EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation](#)
- » [EO 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#)
- » [EO 14075: Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#)
- » [Federal Evidence Agenda on LGBTQI+ Equity](#)
- » [Recommendations on the Best Practices for the Collection of Sexual Orientation and Gender Identity Data on Federal Statistical Surveys](#)
- » [Office of the National Coordinator for Health Information Technology: United States Core Data for Interoperability](#)
- » [CMS Training: Caring for LGBTQI+ Patients](#)

HealthCare.gov OE11

Highlights on consumer application and shopping experience updates

Apply: Get Started

- » New start page to set expectations for the sections of information they'll be asked to help guide consumers through their next steps with hints along the way.
- » Consumers that start their application and need to pause and come back later are now able to see where they left off (which section) and jump back in on the last question they were on. Or they can choose to review information they already entered in an earlier section before continuing.



HealthCare.gov John Menu

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Your Marketplace application

Fill out this application to check for 2 things

- If you or others in your household can enroll in coverage.
- If your household can save money on coverage costs.

There are 4 main sections in the application

SECTION 1 Application setup	SECTION 2 Personal & household information	SECTION 3 Current coverage & life changes	SECTION 4 Submit your application
<ul style="list-style-type: none">• Cost savings setup• Contact information• Who needs coverage	<ul style="list-style-type: none">• Information about filing taxes• Social Security Numbers• Household income	<ul style="list-style-type: none">• Current health coverage• Recent life changes, like moving or getting married	<ul style="list-style-type: none">• Review your application• Agree to statements• Sign & submit

[Learn more about what information you may be asked to provide.](#)

After you submit your application

You'll get your eligibility results after submitting your application.

If you're eligible to enroll, you can compare plans and choose the coverage that fits your needs.

[Continue to application](#)

Check for Savings



Decide if you'd like to check for savings

You can set up your application to check if your household is eligible for lower costs on health coverage.

[Learn more about the types of savings we can check for.](#)

Tell us more about your household so we can see if you should check for savings.

- ✓ **Applying for coverage in West Virginia.**
[Change your state by returning to your account and starting a new application.](#)
- ✓ **How many people do you report on your tax return, including yourself?**
[Learn more about who to include, and how to answer if you don't file taxes.](#)
- ✓ **In 2024, what do you estimate your household's income range will be?**
[Learn more about how to estimate household income.](#)
 - \$61,000 or less
 - More than \$61,000
 - I choose not to answer

Your household is likely to qualify for savings!

We'll ask for more information as you fill out the application to make sure you're eligible, and to see how much you may be able to save.

Choose a savings option

Check for all savings options. (Recommended)

You'll see your results after you fill out and submit your application. If you're eligible to enroll, you can apply these savings to the plan you select.

Continue without checking for savings options.

You'll still fill out and submit your application. If you're eligible to enroll, you'll pay the full price of your health insurance premiums on the plan you select.

Consumer Contact Info & Communication Preferences



HealthCare.gov

[← Back](#) | **1** Set up - **2** Household - **3** Coverage & changes - **4** Review & submit

Contact information

Email address

Phone number

Extension
Optional

Phone type

Mobile

Home

Work

[Add a second phone number](#)

Save & continue

Application ID: 4392267714

Preferred language

Selecting your preferred language helps the U.S. Department of Health and Human Services improve service to all people using the Marketplace. Providing this information won't affect eligibility, options, or costs.

[Learn more about preferred language:](#)

Preferred written language

Preferred spoken language

Save & continue

Application ID: 4392267714

Contact preferences

How would you like to get notices about your application?

Email or text me when there's a new notice in my Marketplace account.

Send me paper notices in the mail.

How should we let you know when there's a new notice in your account?

Email me at **johncarsonemail@example.com**.

Text me.
Text STOP to cancel. Text HELP for help. Message frequency varies, but you may receive 1-3 reminder messages per week during Open Enrollment (Nov. 1 - Jan. 15). Message and data rates may apply.

Save & continue

Application ID: 4392267714

Agent/Broker Information



- » When helping consumers or filling out an application on their behalf through direct enrollment, provide your information.

Application help

Is a professional helping you complete your application?
If a family member or friend is helping you, select "No."
[Learn about professionals who may help with your application.](#)

Yes
 No

Which type of professional is helping you?
Select all that apply.

Navigator
 Certified application counselor
 Agent or Broker
 Other assister

Tell us about the Agent or Broker

Tell us about the Agent or Broker

First name

Middle initial
Optional

Last name

Suffix
Optional

National Producer Number (NPN)

Save & continue

Application ID: 4392267714

All Household Members Who Need Coverage



- » Add each household member who needs coverage and review to ensure everyone is added before continuing.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ John

[Edit](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Application ID: 4392267714

Add a person who needs health coverage

First name

Middle name

Optional

Last name

Suffix

Optional

Date of birth

For example: 3/4/2018

Month / Day / Year
 / /

Sex

[Learn more about why we're asking.](#)

Female

Male

How is this person related to John?

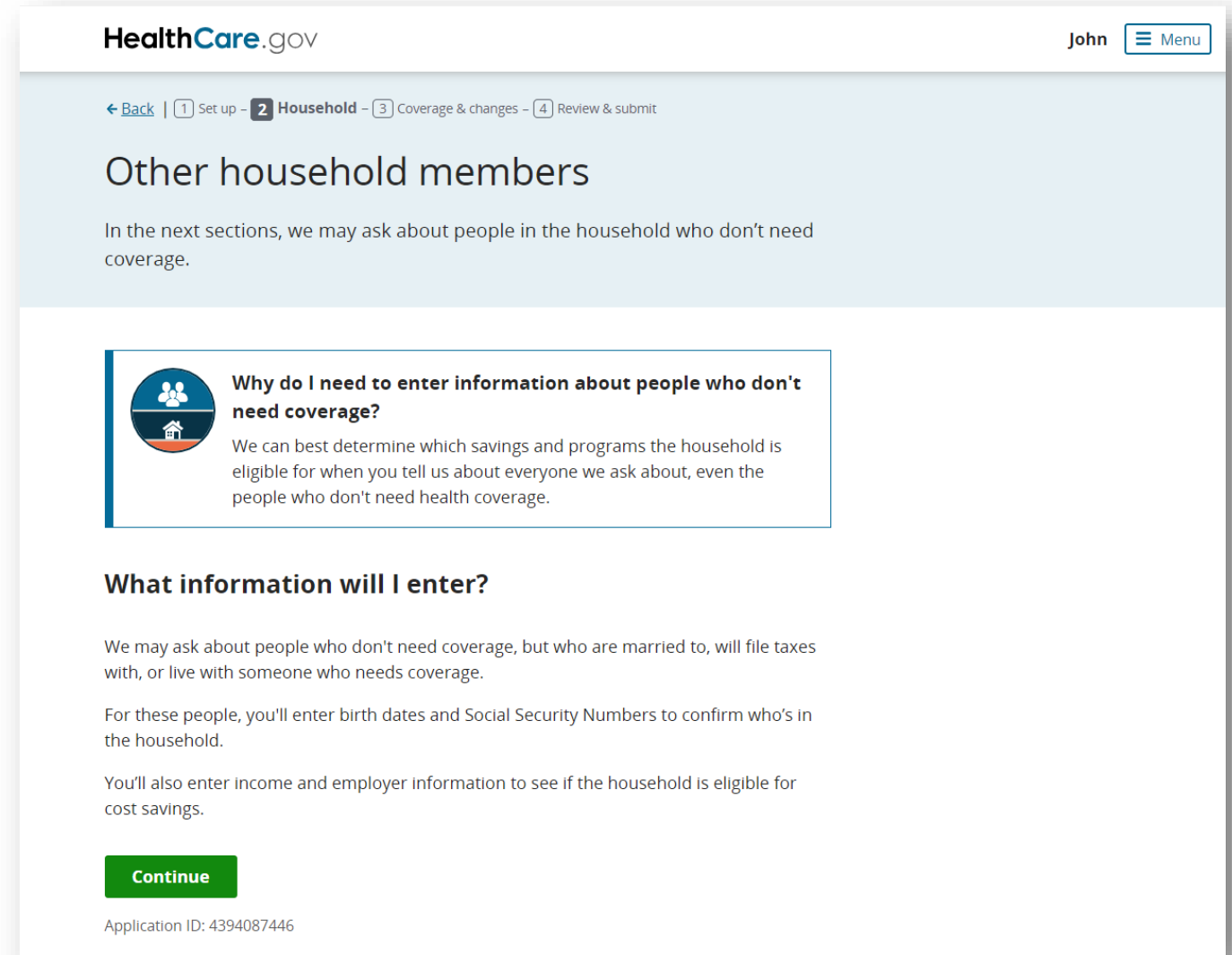
This person is John's...

[Save & continue](#)

Application ID: 4392267714

Other Household Members

- » The Marketplace needs information for other household members who don't need coverage to help ensure consumers get accurate eligibility and helps the Marketplace find the best savings on coverage.
- » Consumers need to provide birth dates, Social Security numbers (SSNs), income, and other information about how household members are related (parents, children, etc.).




HealthCare.gov John Menu

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Other household members

In the next sections, we may ask about people in the household who don't need coverage.



Why do I need to enter information about people who don't need coverage?

We can best determine which savings and programs the household is eligible for when you tell us about everyone we ask about, even the people who don't need health coverage.

What information will I enter?

We may ask about people who don't need coverage, but who are married to, will file taxes with, or live with someone who needs coverage.

For these people, you'll enter birth dates and Social Security Numbers to confirm who's in the household.

You'll also enter income and employer information to see if the household is eligible for cost savings.

[Continue](#)

Application ID: 4394087446

Optional Demographic Information



- » For the first time, the Marketplace application will be asking **optional demographic questions regarding sex assigned at birth, sexual orientation, and gender identity.**
- » The information helps the Marketplace focus on health equity and reducing health disparities in access to coverage and improves the Marketplace consumer experience by enabling consumers to attest in a way that better reflects and affirms their identities.
- » New questions are asked after race and ethnicity, are completely optional, consumers can choose to answer, skip, or indicate they prefer not to answer any or all of the three questions.
- » An individual's responses or decision to skip has no impact on their eligibility results, plan pricing, or plan costs.
- » The privacy of all information will be protected. At this time, any data received from the three new optional sexual orientation and gender identity questions won't be shared with downstream systems or agencies, including issuers or state agencies such as Medicaid and Children's Health Insurance Program (CHIP).

The screenshot shows the HealthCare.gov website interface. At the top, it says "HealthCare.gov" and "John" with a "Menu" button. Below that is a progress bar with four steps: "1 Set up", "2 Household", "3 Coverage & changes", and "4 Review & submit". The current step is "Optional: Household demographic information". The main heading is "Help improve health care access". Below this, it says "If you choose to, on the next pages you can provide some demographic information about yourself and others in your household." There are three sections of text: "These questions are optional. You don't need to answer them to apply for coverage.", "These questions don't impact eligibility or plan costs. You can choose whether to answer or skip the following questions about race, ethnicity, sex assigned at birth, gender identity, and sexual orientation. Whether you answer them or not, it won't impact coverage eligibility for you or anyone in your household.", and "How we use this information, if you choose to provide it. We use the information you choose to share to improve the Marketplace program and to understand whether people in the U.S. are getting fair and equal access to coverage. Get information about [privacy protections](#) and [how your information is shared](#)." At the bottom, there is a green "Continue" button and the text "Application ID: 4392267714".

New Optional Demographic Information



Optional: Household demographic information

John's information

All questions on this page are optional.

You can choose to answer some, all, or none of them.

Your responses won't impact John's eligibility or plan details.

Whether you choose to answer or skip these questions, it won't impact coverage eligibility for John or anyone else in the household, or plan costs if they enroll.

We don't use these responses to understand John's personal health care needs, or to determine available plans or what health care services are covered.

Sex assigned at birth, gender identity, & sexual orientation

What was John's sex assigned at birth?

Optional. This can be found on an original birth certificate or similar document.

- Female
- Male
- A sex that's not listed
- Not sure
- Prefer not to answer

[Clear your selection](#)

What's John's gender identity?

Optional

- Female
- Male
- Transgender female
- Transgender male
- A gender identity that's not listed
- Not sure
- Prefer not to answer

[Clear your selection](#)

What's John's sexual orientation?

Optional

- Lesbian or gay
- Straight
- Bisexual
- A sexual orientation that's not listed
- Not sure
- Prefer not to answer

[Clear your selection](#)

[Save & continue](#)

Entering Social Security Numbers



- » Consumers that need health coverage are required to provide their SSN. Consumers that don't have an SSN will be able to provide information on their eligible citizenship and immigration status in the next section.

HealthCare.gov

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John's information

What's John's Social Security Number (SSN)?
Enter John's 9-digit SSN. We verify the SSN with Social Security based on the consent you gave at the start of the application.
[Learn more about entering SSNs.](#)

John doesn't have an SSN.

Does the name below match the name on John's Social Security card?

John Carson

Yes

No

Save & continue

Application ID: 4394087446

Transitioning from Medicaid or CHIP



- » Consumers may be transitioning from Medicaid and CHIP coverage that recently ended, or will end soon.
- » Even during Open Enrollment, consumers will need to let the Marketplace know if they had Medicaid or CHIP coverage and the date the coverage ends.
- » During November, if consumers just lost Medicaid and CHIP, they can fill out their 2024 application and enroll in a plan that starts January 1. If they need coverage for December, consumers should also complete a 2023 application and choose a plan.
- » Consumers that applied for Medicaid and CHIP but were found not eligible by the state (i.e., weren't enrolled and were referred to the Marketplace) can provide the date of the denial on a separate question later in the application.

HealthCare.gov

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Medicaid or CHIP coverage ending

[Learn more about Medicaid and Children's Health Insurance \(CHIP\) programs.](#)

Did John have West Virginia Medicaid or West Virginia Children's Health Insurance Program (WVCHIP) that recently ended or will end soon?
Select Yes if one applies:

- John's coverage ended between 3/31/2023 and today
- John's coverage is going to end between today and 12/18/2023

Yes
 No

Enter the last day of John's coverage.
If you don't know it, enter the last day of the month that you know John had, or will have, coverage, for example: 10/31/2023. Most coverage ends on the last day of the month.

Month Day Year
10 / 31 / 2023

[Save & continue](#)

Application ID: 4394087446

Income



- » New section introduction to help consumers know what they may need and answer key questions.
- » **Current month's income** is asked first. This should include all sources of income the consumer receives this month. The application sums up all the values and provides a total to review before continuing.
- » Enter income based on what the consumer knows for their best estimate – for a job that could be entering income hourly, weekly, biweekly, monthly, etc. The application will calculate a monthly amount for review.
- » **Estimated 2024 annual income** for the coverage year. The application calculates an estimate for review based on monthly. If that looks right, the consumer can review and move forward. For consumers that have variable income, or may have other income sources during the year (i.e., seasonal, gig work, self-employment), they'll be able to adjust the total estimate for 2024 by entering a better amount for the year.

The screenshot shows the 'Household income' section of the HealthCare.gov application. At the top, it says 'HealthCare.gov' and has a progress bar with four steps: 1. Set up, 2. Household (current), 3. Coverage & changes, and 4. Review & submit. Below the progress bar, it says 'Next: Income information'. The main heading is 'Household income'. The text explains that household income includes all estimated income and some expenses for both the current month and all of 2024. Below this, there is a section titled 'Documents you may need' with a list of items: Pay stubs, Personal records of income from a person's own business or from other self-employment, like delivery or ride services, and Last year's tax returns, if income for this year will likely be about the same. There is also a section titled 'Why do I need to enter this information?' which explains that the information is used to check eligibility for savings through the Marketplace, premium tax credit, and free or low-cost health care coverage. A link is provided to 'Learn more about how we use estimated income to check for certain types of eligibility.' Another section titled 'What if income changes from month to month, or throughout the year?' explains that estimating income can be hard and that consumers should enter their best estimate for now and update their application as soon as possible. At the bottom, there is a green 'Continue' button and the application ID: 4392267714.

Enter Current Month Income Sources



John's income for this month (October 2023)

Enter each type of income John gets this month. If John won't get income this month, but gets it during other months in 2024, report that on the next page.

Add income for October **\$0.00**

[Learn more about types of income to include.](#)

Add income

Minus certain expenses **-\$0.00**

You can only subtract these expenses: Student loan interest, alimony, IRA contributions, or educator expenses.

Add expense

John's total for October **\$0.00**

⊕ What amount is used to determine eligibility?

When John's adjusted monthly income looks correct, select Save & continue.

Next, we'll estimate John's annual income for all of 2024.

Save & continue

Application ID: 4392267714

Add income for October

\$0.00

[Learn more about types of income to include.](#)

First, choose an income type. Next, enter the amount and any other information we need about this income.

Income type

Job (like salary, wages, commissions, or tips) ▾

Note: If this person got a 1099, 1099-MISC, or 1099-NEC to file their taxes, or has been told they're an independent contractor, select "Self-employment" instead. If you're not sure, make your best guess or contact the company.

[Learn more about reporting job income.](#)

Employer name

Enter the name of the company or organization John works for.

Estimated income for October

Enter John's income before taxes are taken out. This is the amount listed as "federal taxable income" on a pay stub.

\$

Get help estimating income

Add

Cancel

Enter Current Month Income Sources

(continued)



month, but gets it during other months.

Add income for October

[Learn more about types of income](#)

First, choose an income type and enter the information we need about it.

Income type

Job (like salary, wages, commission)

Note: If this person got a 1099, or has been told they are "self-employed" instead of "employee," you should report that as "self-employment" instead. If you are unsure, contact the company.

[Learn more about reporting income](#)

Employer name

Enter the name of the company for which the person works.

Retail Store A

Estimated income for October

Enter John's income before taxes and other deductions. The amount listed as "federal taxable income" on the tax return.

\$

[Get help estimating income](#)

Add **Cancel**

Estimate job income

[Close](#)

Amount

\$ 17.50

How often?

Hourly

Average hours per week for this month

30

Average income per week

\$525.00

Calculated income this month

\$2,273.25

⊕ How is this number calculated?

Done **Clear**

John's income for this month (October 2023)

Enter each type of income John gets this month. If John won't get income this month, but gets it during other months in 2024, report that on the next page.

Add income for October **\$2,273.25**

[Learn more about types of income to include.](#)

\$2,273.25 Job: Retail Store A [Edit](#) | [Remove](#)

Add more income

Minus certain expenses **-\$0.00**

You can only subtract these expenses: Student loan interest, alimony, IRA contributions, or educator expenses.

Add expense

John's total for October **\$2,273.25**

⊕ What amount is used to determine eligibility?

When John's adjusted monthly income looks correct, select **Save & continue**.

Next, we'll estimate John's annual income for all of 2024.

Save & continue

Application ID: 4392267714

Annual Income Estimate



John's estimated income for next year (2024)

We know income can be hard to predict. Make your best estimate for now and come back and update the amount if things change.

John's estimated income for 2024

Based on October's total income amount from the previous page (\$2,273.25 income - \$0.00 expenses):

$$\begin{array}{|c|} \hline \$2,273.25 \\ \hline \text{Total month} \\ \text{income} \\ \hline \end{array} \times \begin{array}{|c|} \hline 12 \\ \hline \text{months of} \\ \text{the year} \\ \hline \end{array} = \begin{array}{|c|} \hline \$27,279.00 \\ \hline \text{Calculated 2024} \\ \text{income} \\ \hline \end{array}$$

If their income changes throughout the year, this amount probably isn't right.

Is \$27,279.00 a good estimate for John's income for 2024?

[I'm not sure if this amount is correct.](#)

- Expected to be about this amount
- Amount will probably be different than this

John's estimated income for 2024 **\$0.00**

[Save & continue](#)

Application ID: 4392267714

John's estimated income for next year (2024)

We know income can be hard to predict. Make your best estimate for now and come back and update the amount if things change.

John's estimated income for 2024

Based on October's total income amount from the previous page (\$2,273.25 income - \$0.00 expenses):

$$\begin{array}{|c|} \hline \$2,273.25 \\ \hline \text{Total month} \\ \text{income} \\ \hline \end{array} \times \begin{array}{|c|} \hline 12 \\ \hline \text{months of} \\ \text{the year} \\ \hline \end{array} = \begin{array}{|c|} \hline \$27,279.00 \\ \hline \text{Calculated 2024} \\ \text{income} \\ \hline \end{array}$$


If their income changes throughout the year, this amount probably isn't right.

Is \$27,279.00 a good estimate for John's income for 2024?

[I'm not sure if this amount is correct.](#)

- Expected to be about this amount
- Amount will probably be different than this

John's estimated income for 2024 **\$27,279.00**

 Remember, if John's monthly income OR estimated annual income for the year changes, come back and update your application. These changes may affect the savings and coverage options they qualify for.

[Save & continue](#)

Application ID: 4392267714

Annual Income Estimate

(continued)



Is \$27,279.00 a good estimate for John's income for 2024?

[I'm not sure if this amount is correct.](#)

- Expected to be about this amount
- Amount will probably be different than this

Is John's 2024 income hard to predict?

- Yes
- No

Enter your best estimate for next year's total income (minus certain expenses).

[See a list of income sources and expenses to include.](#)

\$ 33,500

Update estimate



Need help estimating income?

If John's income changes throughout the year, or is hard to estimate.

Income calculator

If you roughly know John's monthly income, even if the amounts change.

Monthly estimator

John's estimated income for 2024 **\$0.00**

Save & continue

Is \$27,279.00 a good estimate for John's income for 2024?

[I'm not sure if this amount is correct.](#)

- Expected to be about this amount
- Amount will probably be different than this

Is John's 2024 income hard to predict?

- Yes
- No

Enter your best estimate for next year's total income (minus certain expenses).

[See a list of income sources and expenses to include.](#)

\$ 33,500

Update estimate



Need help estimating income?

If John's income changes throughout the year, or is hard to estimate.

Income calculator

If you roughly know John's monthly income, even if the amounts change.

Monthly estimator

John's estimated income for 2024 **\$33,500.00**



Remember, if John's monthly income OR estimated annual income for the year changes, come back and update your application. These changes may affect the savings and coverage options they qualify for.

Save & continue

Coverage & Life Events



[← Back](#) | [1 Set up](#) - [2 Household](#) - **[3 Coverage & changes](#)** - [4 Review & submit](#)

Current coverage

Is John currently enrolled in health coverage?

Select "Yes" only if they'll still have the same coverage they have now on or after 12/18/2023.

[Learn more about types of health coverage and how to answer, even if a person is enrolled through the Marketplace.](#)

- Yes
 No

[Save & continue](#)

Overview: What are HRAs?

Health Reimbursement Arrangements (HRAs)

Some employers offer health benefits called individual coverage Health Reimbursement Arrangements (ICHRA) or Qualified Small Employer HRAs (QSEHRAs) that aren't traditional job-based health plans. An employer chooses the dollar amount they'll make available for reimbursing health care expenses instead of offering a health plan.
[Learn more about HRAs.](#)

[i](#) Documents you may need

In this section we only need to know if anyone on your application has or is offered an individual coverage HRA.

If someone has an HRA, they will have a notice from the employer which will include:

- The HRA type, for example if it's an individual coverage HRA or a QSEHRA
- If the HRA is available to the employee only, or if other household members can sign up too
- The HRA's coverage dates and reimbursement amounts

What if my household has other kinds of healthcare offers through a job?

We'll ask about other types of health plans offered by an employer (called job-based health coverage) later in the application.

[Continue](#)

Next: Other coverage offers from a job

Job-based health coverage

Some employers may offer health insurance plans to employees. These plans may also be available to other family members, too.

[i](#) Information you may need

Details about a health plan's benefits and coverage from the employer, including:

- Premium costs
- Who in the household can enroll
- Whether any plans meet the minimum value standard
[Learn more about the minimum value standard.](#)

If you don't have this document, you can print or download the [Employer Coverage Tool](#) (PDF) and ask the employer to fill out their part.

It's ok if you need to pause to go find these documents. All your answers up to this point have been saved.

[Continue](#)

Coverage & Life Events

(continued)



Overview: What's a Special Enrollment Period?

Special Enrollment Period eligibility

A Special Enrollment Period allows a person to enroll in new coverage or change plans outside the yearly Open Enrollment Period of November 1 - January 15.

Someone might be eligible if they've had certain life events.

[Learn more about qualifying for a Special Enrollment Period.](#)

Information or documents you may need

- HRA or QSEHRA offer notices
- A notice from an insurance company, employer, or state agency showing the date health coverage was or will be lost
- The dates anyone in the household moved, got married, took in a new dependent, was released from incarceration, or recently gained eligible immigration status

Continue

Recent coverage changes

Did John lose qualifying health coverage between 8/20/2023 and 10/19/2023?

[Learn more about recent loss of coverage.](#)

- Yes
 No

What was the last day of John's coverage?

For example: 9/30/2023

Month / Day / Year
 / /

Enter the name

Optional

Save & continue

Life changes

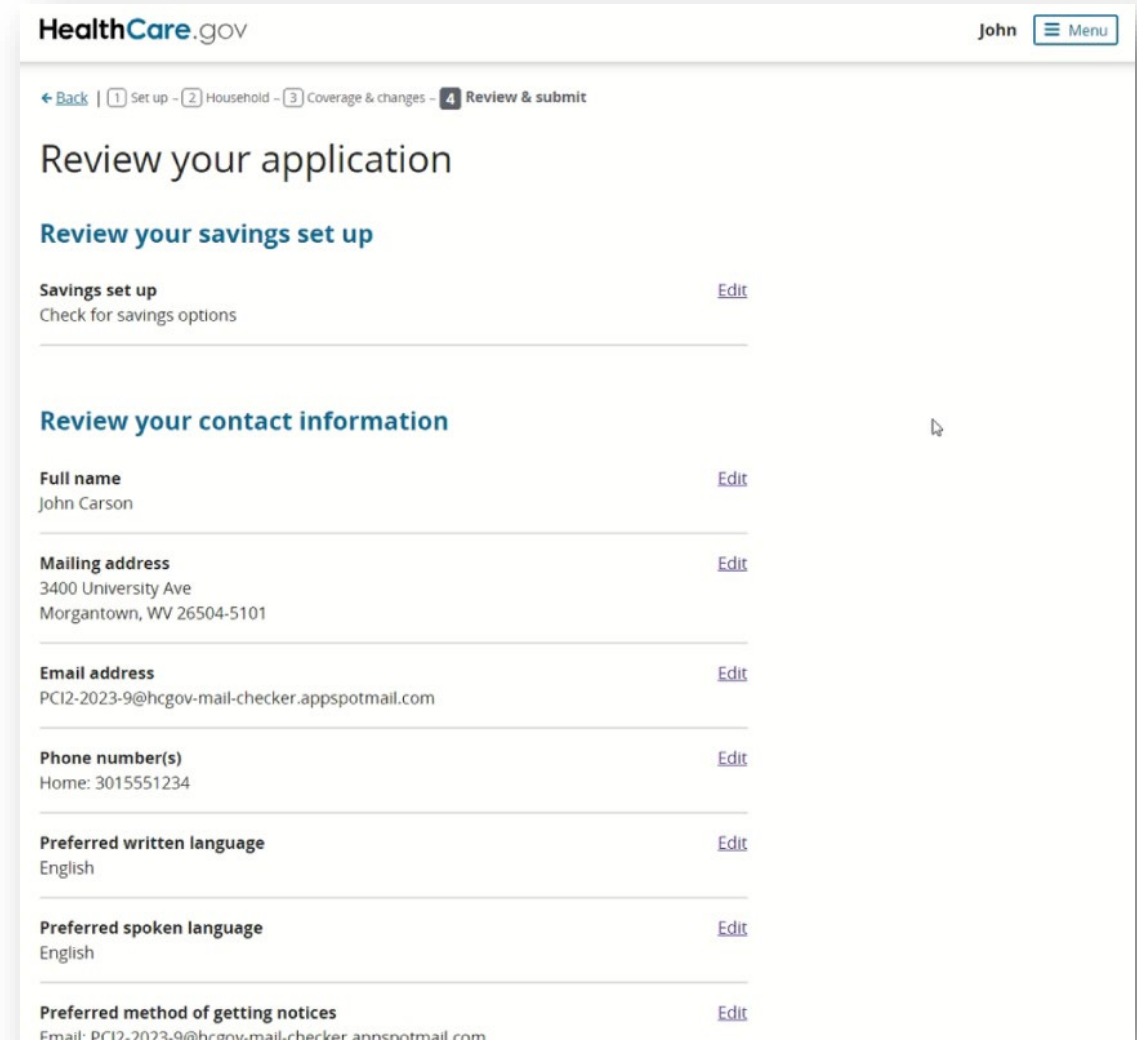
Has John had any of these changes since 8/20/2023?

- Gained a dependent (or became a dependent) due to an adoption, foster care placement, or court order
- Moved
Don't select if they moved for vacation or medical treatment.
- Was released from incarceration (detention or jail)
-
- None of these changes

Save & continue

Review, Sign & Submit

- » All application information, in one place before submitting. Edit features will take the consumer back to the information in to make updates.
- » Ensure contact information for the consumer is accurate so they'll receive follow-up communications from the Marketplace or their Medicaid/CHIP agency about their coverage.
- » Confirm SSNs or immigration status information is included and accurate for each person.
- » Review income again and make sure current month and annual estimate look right for each person.
- » Check information about other coverage and recent life changes.
- » When everything is accurate, continue to review agreement and attestations.
- » Sign and submit the application, attesting to the accuracy of the all information.



HealthCare.gov John Menu

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Review your application

Review your savings set up

Savings set up [Edit](#)
Check for savings options

Review your contact information

Full name [Edit](#)
John Carson

Mailing address [Edit](#)
3400 University Ave
Morgantown, WV 26504-5101

Email address [Edit](#)
PC12-2023-9@hcgov-mail-checker.appspotmail.com

Phone number(s) [Edit](#)
Home: 3015551234

Preferred written language [Edit](#)
English

Preferred spoken language [Edit](#)
English

Preferred method of getting notices [Edit](#)
Email: PC12-2023-9@hcgov-mail-checker.appspotmail.com

Sign Application and Review Eligibility Results Summary



Sign & submit

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

I agree to this statement.

John Carson, type your full name below to sign electronically.

Sign & submit

Eligibility results

Results based on your application (ID 4392267714) submitted on 10/19/2023. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

John Carson

✓ Eligible

To buy a Marketplace plan

For a premium tax credit of up to \$891 each month for your tax household

For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've submitted your application and viewed your results. Next, you'll choose a plan.

[CONTINUE TO ENROLLMENT](#)

Eligibility Results



- » Eligibility notice provides information on coverage for Marketplace plans, Medicaid, and CHIP for each person, eligibility for tax credits and the amount, and the availability of extra savings on Silver plans.
- » Key dates for enrolling in coverage.
- » Important actions and follow-up information the Marketplace needs with dates and deadlines. Check to see if the consumer may need to upload or send in documents for income, citizenship, or other information. Taking next steps by the deadlines are critical, otherwise the consumer may lose financial help or Marketplace coverage later.
- » Notice includes an eligibility guide after results with information to help understand the notice, and how to take next steps.

Health Insurance Marketplace
November 15, 2023

Application ID #123456789
Application date: November 15, 2023

Primary contact
John Carson
135 Catoma St
Montgomery, AL 36101-1601

2024

Marketplace Eligibility Notice

Remember to update your application during the year with any changes.

Results

	John Carson	Suzanne Carson
Premium tax credit available for this household: \$2,167/month	Estimated 2023 income used to determine eligibility for financial help: \$40,588/year	
Applied for coverage.	●	●
Eligible to enroll in a Marketplace plan until January 15, 2024 .	●	●
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to \$2,167/month for this household.	●	●
Eligible for extra savings (cost-sharing reductions): Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.	●	●
The Marketplace needs documents that confirm information in your application. (Details below.)	●	●
Not eligible for Medicaid or CHIP because you don't meet the criteria in your state.	●	●

ACTION: Next steps

By December 15, 2023 , choose a Marketplace plan for coverage to start January 1. See Eligibility Guide , page 4.	●	●
By February 20, 2024 , submit documents to confirm citizenship. See Submitting Documents , attached.	●	●
By February 15, 2024 , submit documents to confirm household income. See Submitting Documents , attached.	●	●
Choose a Silver plan to get extra savings.	●	●
You can appeal your eligibility results now. See Eligibility Guide , page 8.	●	●

To learn when and how you can appeal, see **Eligibility Guide**, page 8.
Questions about results or next steps? See the **Eligibility Guide** included with this notice.

For more help

HealthCare.gov
Marketplace Call Center:
1-800-318-2596
TTY: 1-855-889-4325
LocalHelp.HealthCare.gov
(for help in your area)

Alabama Medicaid:
(800)362-1504
TTY: (800)253-0799

Alabama ALL Kids (CHIP):
(888)373-5437
TTY: (888)373-5437

Enrollment Experience Highlights

Redesigned How We're Communicating Plan Info



- » Redesigned plan summaries to **reduce choice overload** and **cognitive burden**.
 - Streamlining basic plan info at top (name, tags, type, rating)
 - Grouping key costs together under "you pay" to help clarify cost details
 - Urgent care and outpatient mental health have been added in cost summary
 - Clarify benefits available with just a copay without needing to meet their deductible from "from day 1" (primary care, specialist, urgent care, outpatient mental health)
- » In addition, plan results will be **sorted by estimated total yearly costs first**, rather than by premium, to help consumers understand how much they may spend across the year in each plan, inclusive of premiums and costs for care, taking into account deductibles and copays/coinsurance.
- » Considering plans based on annual estimated costs has been shown to help consumers find a plan that is more cost-effective for their individual needs, inclusive of care. Estimates are set to medium level of use by default - consumers can customize for low/medium/high.

Ambetter of Illinois
[CMS Standard Silver](#)
Extra savings | Easy pricing | Silver | HMO | Plan ID: 27833IL0140074 | Rating ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$12.98 /month <small>Including a \$352 tax credit was \$364.98</small>	\$1,326 <small>Individual total Based on your predicted use of medical services</small> Edit yearly cost	\$800 <small>Individual total (health & drug combined)</small>	\$3,000 <small>Individual total</small>

You pay

Primary care	\$20 per visit from day 1
Specialist care	\$40 per visit from day 1
Urgent care	\$30 per visit from day 1
Emergency room	30% coinsurance after deductible
Outpatient mental health	\$20 per visit from day 1
Generic drugs	\$10

[View plan details](#) for full list of benefits, limits, and exclusions.

Plan features
✗ Adult Dental
✗ Child Dental

Find covered providers & drugs
[Add doctors & facilities](#) | [Add prescription drugs](#)

[Go to plan details](#) | [Save](#) | [Compare](#)

Helping with Choice Overload & Improving Decision Support



- » Incorporate framing information on the results page about the categories of plans available
- » Expanded the real estate spacing on screen and added a new right-side set of helpful information and reminders
- » Provide information that helps consumers think about ways to narrow their plans based on individual needs and consider all costs, inclusive of premiums and their anticipated care needs
- » Improved fast facts about plans shown before seeing results with updated visual layout/content and adding dynamic version highlighting CSR for Silver plans
- » Additional hints and tips along the way to help consumers find the plan that's a best fit for them

Summary of plans broken out by category

35	Bronze
53	Silver Extra savings
35	Gold

Categories are based on how you and the plan split costs of care. To find a plan that works for you, look at each plan's estimated total yearly costs.

Updated call out for CSR eligibility

Extra Savings

You qualify for extra savings on out-of-pocket costs.

Pick a Silver plan to get these savings.

[See Silver plans](#)

Enhanced tips & added plan category fast facts

Quick tips


- [Review plan category fast facts](#)
- [Think about all costs, not just the premium](#)
- [Consider plans with easy pricing](#)

Helping Consumers with CSR Eligibility (Extra Savings)



Pick extra savings ✕ Close

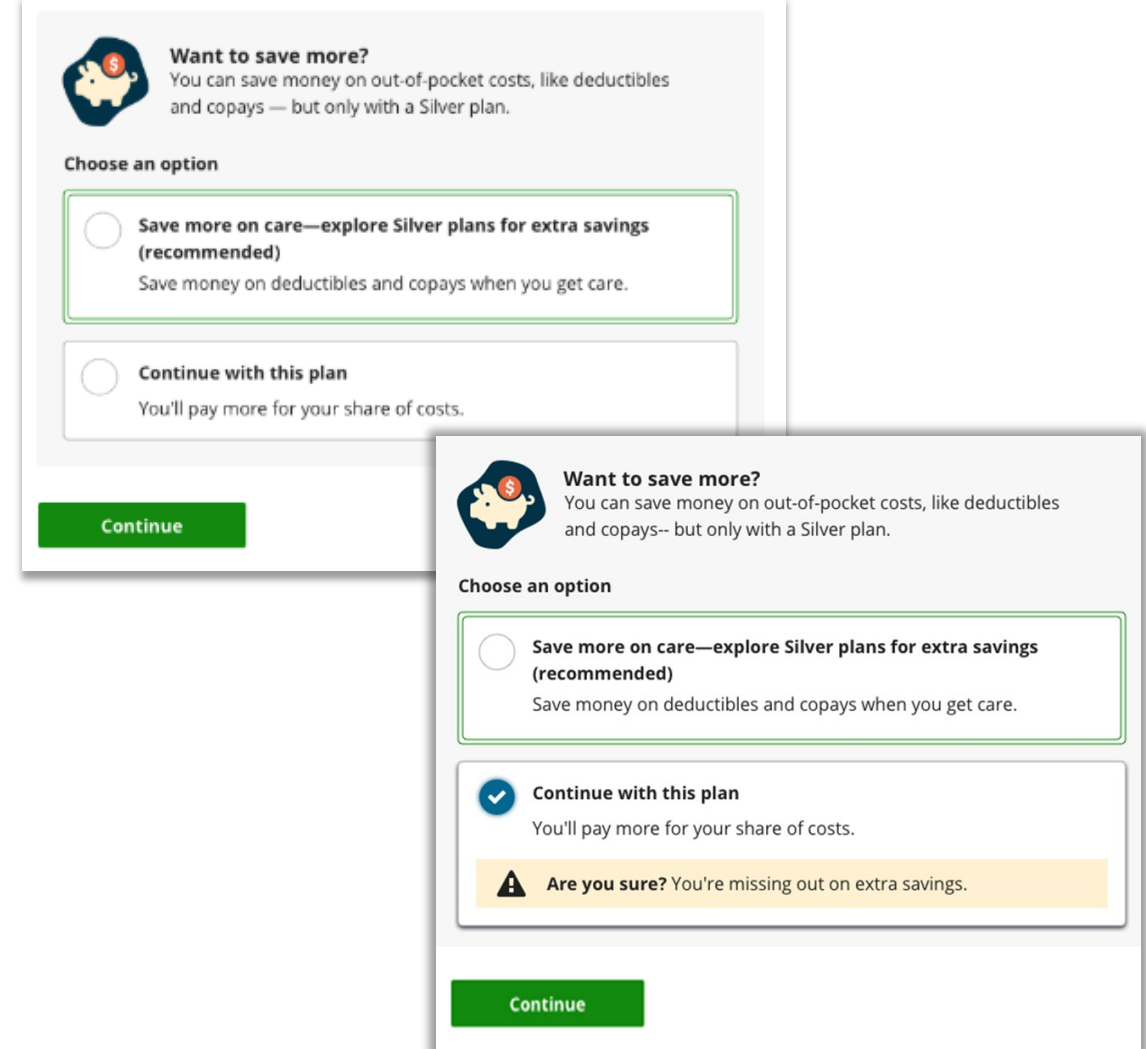
You qualify for extra savings when you get care. You'll save money with lower deductibles and copayments / coinsurance. You must **pick a Silver plan to get the extra savings.**

<h3>Bronze</h3> <p>53 Plans</p> <p>You'll pay more when you get care. Your deductible will be high.</p> <p>\$29 Average premium per month</p>	<h3>Extra Savings</h3> <div><h3>Silver</h3><p>55 Plans</p><p>Silver with extra savings may save you the most when you get care. Your deductible will be low.</p><p>\$78 Average premium per month</p></div>	<h3>Gold</h3> <p>29 Plans</p> <p>You'll pay low costs when you get care. Your deductible will be low. But, Silver with extra savings may save you more money.</p> <p>\$151 Average premium per month</p>
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Important: You must pick a Silver plan to get extra savings.

Extra Savings on Silver Plans Reminder

- » HealthCare.gov has hints and filters to help consumers eligible for extra savings consider Silver plans when shopping for coverage. Reminder alert displays when consumers start the checkout process with a non-Silver plan, and they could miss out on the extra savings they're eligible for if they enroll in a Silver plan.
- » Two options presented for consumers to choose their next step:
 - Reminds the consumers that they could save even more with a Silver plan, which is recommended to lower their cost of care during the year.
 - Consumers are prompted to (a) take another look at Silver plans or (b) actively confirm they want to keep the selected plan.
 - If consumers opts to take another look, a filter for Silver plans will automatically be applied so they can immediately look at their options.
 - If a consumer chooses to continue with a non-Silver plan, they get a final message saying what they risk passing up.



Want to save more?
You can save money on out-of-pocket costs, like deductibles and copays — but only with a Silver plan.

Choose an option

Save more on care—explore Silver plans for extra savings (recommended)
Save money on deductibles and copays when you get care.

Continue with this plan
You'll pay more for your share of costs.

Continue

Want to save more?
You can save money on out-of-pocket costs, like deductibles and copays-- but only with a Silver plan.

Choose an option

Save more on care—explore Silver plans for extra savings (recommended)
Save money on deductibles and copays when you get care.

Continue with this plan
You'll pay more for your share of costs.

⚠ Are you sure? You're missing out on extra savings.

Continue

Consumer Consent and Application Review Requirements

2024 Payment Notice Updates: Documenting Consumer Consent



Consent Documentation Requirements

- » Agents, brokers, and web-brokers are required to document the receipt of consent from the consumer or their authorized representative.
 - The consumer or their authorized representative must take an action to produce the documentation;
 - The documentation must contain, at a minimum, the following information:
 - A description of the scope, purpose, and duration of the consent provided by the consumer or their authorized representative;
 - The date the consent was given;
 - The name of the consumer or their authorized representative;
 - The name of the agent, broker, web-broker, or agency being granted consent;
 - A process through which the consumer or their authorized representative may rescind the consent.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years.**

2024 Payment Notice Updates: Review Documentation Requirements



Review Documentation Requirements

- » Agents, brokers, and web-brokers are required to document that eligibility application information has been reviewed by and confirmed to be accurate by the consumer or their authorized representative prior to application submission.
 - The consumer or their authorized representative must take an action to produce the documentation;
 - The documentation must contain, at a minimum, the following information:
 - The date the information was reviewed;
 - The name of the consumer or their authorized representative;
 - An explanation of the attestations at the end of the eligibility application; and
 - The name of the assisting agent, broker, or web-broker.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years.**

For more information on these requirements, view these [FAQs](#) and [webinar slides](#).

Maintaining Compliance: The Do's and Don'ts for Agents and Brokers



✓ DO'S

- Obtain and document consumer consent prior to assisting with, or facilitating enrollment through, an FFM or assisting the individual in applying for advance payment of the premium tax credit (APTC) and cost-sharing reductions (CSRs) for qualified health plans (QHPs).
- Identify and report suspicious or potentially fraudulent Marketplace activity to the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.
- Provide the FFMs with correct information and document that eligibility application information has been reviewed and confirmed to be accurate by the consumer or their authorized representative, including ensuring consumers are reporting their most accurate income estimate(s) and are providing their SSNs, when required.
- Make timely updates to your personal and contact information with your state licensing body, in the National Insurance Producer Registry (NIPR), and in the Marketplace Learning Management System (MLMS).
- Walk consumers through the HealthCare.gov application via Zoom screen sharing.

✗ DON'TS

- Retain access to a consumer's HealthCare.gov account or associated email.
- Create accounts, login, or submit applications on HealthCare.gov.
- Enter false or dummy addresses in place of a consumer's email or mailing address.
- Enter an agent or broker's own professional or company email or mailing address on a consumer's application.
- Share Marketplace credentials.



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 during this OEP and beyond!