Plan Year (PY) 2024 Marketplace Policy & Operations Updates

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

September 28, 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

01 Key Policy Updates for PY 2024

02 Key Operational Updates for PY 2024

03 Live Question/Answer Session

What You Missed from the 9/21 Preparing for Plan Year 2024 Open Enrollment Webinar

01 Review Marketplace Priorities and Complete Registration and Training

02 Understand Enrollment Pathways and Plan Selection Best Practices

03 Learn more about Transitions in Coverage (Medicaid and CHIP Unwinding)

04 Leverage Marketing and Outreach Resources

05 Utilize Help on Demand and Find Local Help

06 Review Compliance Requirements and Cybersecurity Best Practices

07 Additional Marketplace Reminders

08 Live Question/Answer Section & Agent and Broker Outreach Updates

To view the full content from this webinar, click **here.**

Key Policy Updates for PY 2024

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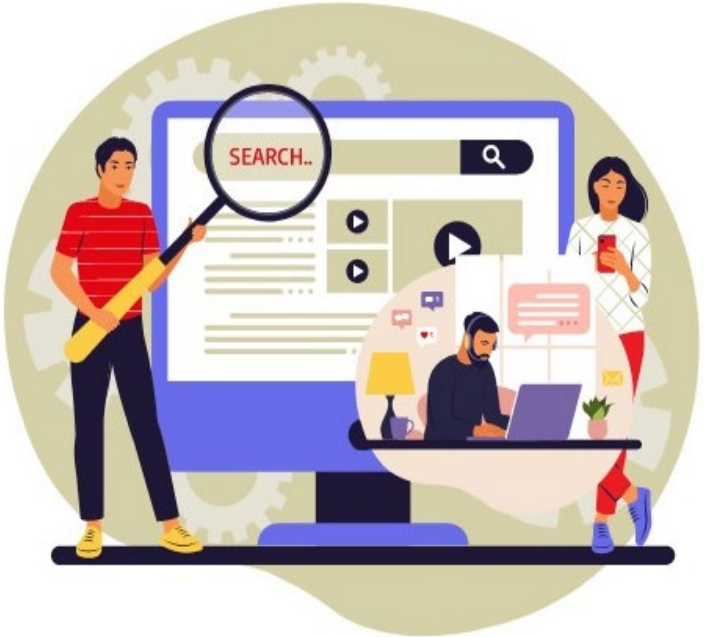
2024 Payment Notice Updates: Documenting Consumer Consent & Application Review Requirements (Resources)

- CMS finalized regulation updates requiring agents, brokers, and web-brokers 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, as well as documenting the receipt of consent from the consumer or their authorized representative.
- The Model Consent Form is now available to agents and brokers and has been posted to the Agent and Broker General Resources webpage. This form will be available in Spanish soon.
- The Consumer Consent and Application Review Requirements FAQs that were discussed during this presentation are available on the Agent and Broker General Resources webpage, and the Direct Enrollment (DE) and Enhanced Direct Enrollment (EDE) webpage.
- For the Do's and Don'ts for Agents and Brokers regarding Consumer Consent and Application Review Requirements, view these webinar slides.
- For more information on these new requirements, view these resources:
  - Agent/Broker Summit: Marketplace Compliance and Agent/Broker Regulations webinar slides
  - Marketplace Compliance webinar slides



Poll

Which methods do you use to meet the new requirements for documenting and maintaining consumer consent and application review? Select all that apply.

1. Phone call recording.
2. Online forms.
3. Paper documentation.
4. Email.
5. Text messaging.
6. Other.
7. Unsure.

Federal Poverty Limit (FPL) and the Marketplace

- **Determinations of eligibility for tax credits, income-based cost-sharing reductions (CSRs) and the 150% FPL Special Enrollment Period (SEP) for Marketplace coverage** are based on the previous year's FPLs for the entire plan year and use a tax household's annual income in calculations.
  - Example: For PY 2024, beginning with the Open Enrollment Period (OEP) that begins on November 1, 2023, determinations of eligibility for tax credits, income-based CSRs and the 150% FPL SEP will be based on the 2023 FPL from the Department of Health and Human Services (HHS)' 2023 Poverty Guidelines. The Marketplace continues using the 2023 guidelines for all 2024 applications.
- **Determinations/assessments for Medicaid and the Children's Health Insurance Program (CHIP) are based on the most recently available FPLs and use a Medicaid household's current month's income in calculations.**
  - Example: Medicaid and CHIP determinations/assessments during the OEP that begins on November 1, 2023, will be based on the 2023 FPL from the HHS 2023 Poverty Guidelines until early 2024 when HHS releases the new guidelines for 2024.
  - See this resource for additional information: HHS Poverty Guidelines for PY 2023

150% Federal Poverty Level SEP

CMS has established **a Special Enrollment Period (SEP) opportunity** for low-income consumers.

- The SEP will allow consumers to enroll in Marketplace coverage any time, if eligible. They may even qualify for more savings.
- Consumers who have an estimated annual household income **at or below 150% Federal Poverty Level (FPL)** in their state and aren't eligible for Medicaid/CHIP may be eligible for this SEP.
- The annual household income at or below 150% FPL varies by state and household size. See this resource for additional information: HHS Poverty Guidelines for 2023.
- This SEP will provide more opportunities for lower-income consumers to enroll in coverage during the year and benefit from the increased financial help to pay for their health care coverage.

Data Matching Issues (DMIs)

- The Marketplace will now accept a household's income attestation when the Marketplace requests tax return data from the Internal Revenue Service (IRS) to verify attested projected annual household income, but such data is not available. In this situation, the consumer will no longer receive an income DMI.
  - **Note:** Please ensure that the consumer completely and correctly fills out their application, such as including SSNs for all household members, as incomplete information may still result in an income DMI.
- **Enrollees with income inconsistencies will receive an automatic 60-day extension** in addition to the 90 days currently provided to allow applicants sufficient time to provide documentation.
  - **Note:** Despite this automatic extension for income inconsistencies, agents and brokers should work with their clients to resolve open DMIs as quickly as possible.

Bronze to Silver Automatic Re-enrollment Crosswalk Policy

- The automatic re-enrollment hierarchies have been modified to allow for enrollees from a Bronze plan to be re-enrolled into a Silver plan, if:
  - Enrollees are eligible for CSRs, are currently enrolled in a Bronze level qualified health plan (QHP), and would otherwise be automatically re-enrolled in a Bronze-level QHP; AND
  - The Silver-level QHP (with CSRs) is in the same product with the same provider network as the Bronze level QHP into which the enrollee would have otherwise been re-enrolled; AND
  - The Silver-level QHP has a premium after the application of APTC that is lower or equivalent to the premium of the Bronze level QHP into which the enrollee would have otherwise been re-enrolled.

Bronze to Silver Automatic Re-enrollment Crosswalk Policy (continued)

- Issuers will continue to identify the re-enrollment plan for all enrollees still served by the issuer in the new plan year, and the Exchange will identify the Silver re-enrollment plan for cases that meet the Bronze to Silver crosswalk requirements.
- Income-based CSR-eligible enrollees in Federally-facilitated Exchanges (FFEs) and State-based Exchanges on the Federal Platform (SBE-FPs) who may be auto re-enrolled under the Bronze to Silver crosswalk policy will receive a notice from the Exchange advising them that they will be re-enrolled into a Silver plan if they do not make an active selection on or before December 15.
  - These enrollees would also see the Silver plan highlighted in the online shopping experience if they return on or before December 15 to review their options.
- Enrollees in FFEs and SBE-FPs who **(1)** are crosswalked from a Bronze plan to a Silver plan per the new Bronze to Silver crosswalk policy, and **(2)** do not make an active selection on or before December 15, will receive an additional communication from the Exchange after December 15 reminding them of their new plan enrollment for January 1, and that they can select a different plan by January 15 that would be effective starting February 1 (unless eligible for an SEP).
  - This communication will tell enrollees **whose current product is no longer available for renewal** that they qualify for a **Loss of Minimum Essential Coverage (MEC) SEP.**

Automatic Re-Enrollment Similar Network Policy

- The HHS Notice of Benefit and Payment Parameters for 2024 final rule also finalized a requirement that all Exchanges (Exchanges on the Federal platform and State-based Exchanges) incorporate network similarity into the auto re-enrollment criteria for PY 2024.
- CMS will implement this policy in the FFEs and SBE-FPs by incorporating plan network ID into the auto re-enrollment process, while continuing to take into account enrollees' current year product.
- However, CMS will permit issuers to submit justifications if they believe a different network ID in the following plan year is better suited as a crosswalk option for enrollees in a particular plan.
- CMS will also work with issuers and state regulators to learn how we may improve methods to analyze and ensure network continuity in future years.

Poll

What impact will the changes to the auto-enrollment process have to consumers moving from Bronze to Silver level plans for PY 2024?

1. No effect.
2. Minor effect.
3. Moderate effect.
4. Major effect.
5. Unsure.

Standardized Plan Option Availability and Non-Standardized Plan Option Limits

- All issuers offering QHPs through FFEs and SBE-FPs are required to offer standardized plan options (SPOs) at every product network type (e.g., HMO and PPO), at every metal level, and throughout every service area in which they offer non-standardized plan options.
- For PY 2024, issuers are no longer required to offer SPOs at the non-expanded Bronze metal level. This is mainly due to actuarial value (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. However, issuers continue to be required to offer SPOs at the expanded Bronze metal level.
- SPOs are marked with the **"easy pricing"** label on HealthCare.gov and Enhanced Direct Enrollment (EDE) websites. Agents and brokers can also use the filters on HealthCare.gov and EDE websites to see and compare only these types of plans.
- The number of non-standardized plan options (NSPOs) that issuers of QHPs can offer for PY 2024 through Marketplaces on the Federal platform (including SBE-FPs) is limited to four per product network type, metal level (excluding catastrophic plans), and inclusion of dental and/or vision benefit coverage in any service area.

2024 "Easy Pricing" Plan Designs

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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.

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.

Key Operational Updates for PY 2024

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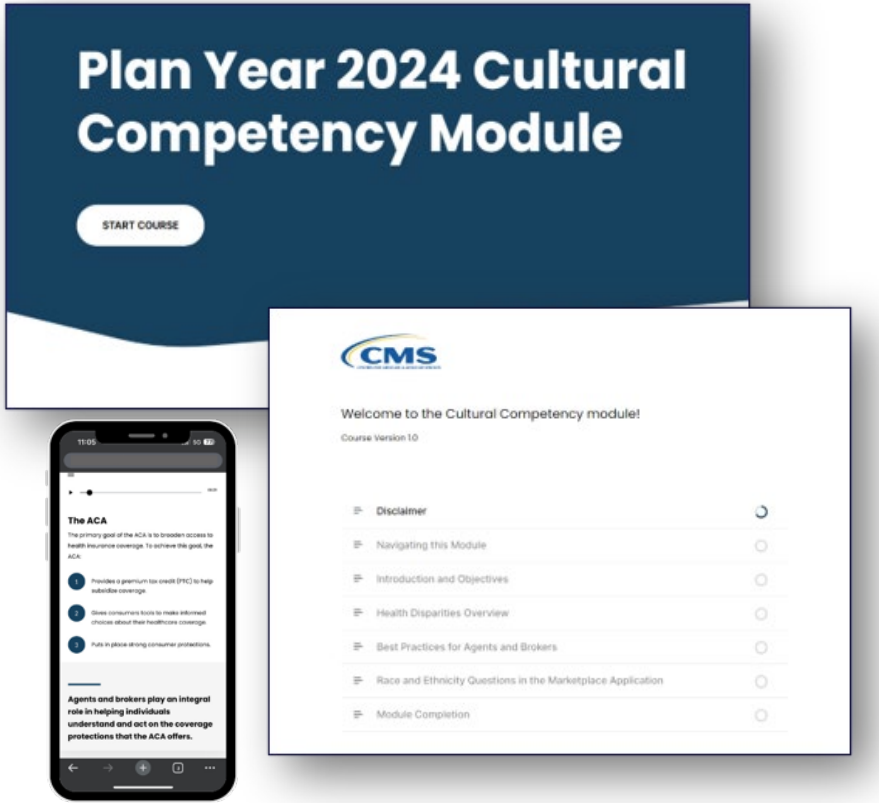
Annual Registration and Training

- Marketplace training has been updated for PY 2024! CMS streamlined annual training to reduce duplicative content, reflect varying learning styles, and ensure training is mobile-accessible. **Training is available in Spanish** for PY 2024 for the first time in over five years.
- CMS also added a second company to the Marketplace vendor training program, providing more options to obtain continuing education units through the annual training. The two HHS-approved vendors for 2024 are INSXCloud and HealthSherpa.
- There are now several race and ethnicity data elements within the Marketplace Learning Management System (MLMS) profile, allowing agents and brokers to provide more demographic information about themselves during the registration process.
- For more on PY 2024 Marketplace registration and training, click here.



Poll

Have you completed training in Spanish or do you have plans to complete training in Spanish on the MLMS?

1. Yes, I have completed Spanish training on the MLMS.
2. No, I have **not** completed Spanish training on the MLMS, but I plan to.
3. I do not plan to take training in Spanish.

System Monitoring and Enforcement

- Enhanced protocols have been implemented to immediately suspend agents and brokers with anomalous person search activity – requiring evidence of documented consumer consent in order to avoid suspension status.
- CMS has also improved enforcement of agents and brokers engaged in fraudulent activities.
- For more information on 2024 Payment Notice Requirements relating to consumer consent and application review, view these FAQs.

2024 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows

- Every year, CMS establishes scheduled maintenance windows for HealthCare.gov. Like other IT systems, these scheduled maintenance windows are how we update and improve our systems to run optimally and are the normal course of business. Consumer access to HealthCare.gov will be limited while systems are updated. Maintenance will only occur when deemed necessary to provide consumers with a better shopping experience. The purpose in scheduling these times is to minimize any consumer disruption.
- Similar to the last several years, in order to allow agents, brokers, assisters, and states to plan in advance of Open Enrollment, we are sharing the maximum potential windows of scheduled maintenance on HealthCare.gov for the upcoming Open Enrollment period.
- It is important to note that these times are the maximum windows for scheduled maintenance activities that require limiting or restricting consumer access to HealthCare.gov. Consistent with past years, CMS anticipates the actual maintenance periods may be shorter. As with all IT systems, there is a possibility that unscheduled work will be needed, in which case CMS will use existing channels to notify stakeholders.
- Potential maximum scheduled HealthCare.gov maintenance windows for this upcoming Open Enrollment period are:
  - Wednesday, November 1, 2023 — early morning to make final preparations ahead of the start of the Open Enrollment period.
  - Sundays, November 5, November 19, December 3, and December 17 — midnight to 7 a.m.

Reminder: Accessing CMS Systems Abroad

- **Agents and brokers may not access CMS systems at any point if they are outside of the United States of America (U.S.) or U.S. Territories.** This includes DE and EDE partner websites.
- If a consumer is submitting or updating their application on HealthCare.gov and the consumer contacts the agent or broker while the agent or broker is outside of the U.S., it is possible for the agent or broker to provide verbal or written assistance to the consumer.
  - **Note:** Agents and brokers may never create a HealthCare.gov account for a consumer or log into a consumer's HealthCare.gov account—whether in the U.S. or outside of the country.
- As stated in the Agent Broker Agreements, agents and brokers are not allowed to remotely connect or transmit data to the FFE, SBE-FP, or its testing environments nor remotely connect from locations outside of the U.S. or its territories, embassies, or military installations. This includes any such connection through virtual private networks (VPNs).

Reminder: Accessing CMS Systems Abroad (continued)

- Examples of systems and websites that agents and brokers may not access from outside of the U.S. include:
  - HealthCare.gov and private DE and EDE websites
  - The CMS Enterprise Portal
  - The REGTAP library. Note: Recordings and slide decks from REGTAP-hosted webinars and events are posted online and are available for review at any point. To access CMS slide decks, visit the General Resources page.
- If you need additional assistance or to report suspected violations of these Marketplace requirements, contact the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.

Acronym Definitions

Acronym	Definition
AV	Actuarial Value
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-Sharing Reductions
DMI	Data Matching Issue
FFE	Federally-facilitated Exchange
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Limit
HHS	Department of Health & Human Services
HMO	Health Maintenance Organization
IRS	Internal Revenue Service

Acronym	Definition
MEC	Minimum Essential Coverage
MLMS	Marketplace Learning Management System
NSPO	Non-standardized Plan Options
OEP	Open Enrollment Period
PPO	Preferred Provider Organization
PY	Plan Year
QHP	Qualified Health Plan
SBE-FP	State-based Exchange on the Federal Platform
SBM	State-based Marketplace
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SPO	Standardized Plan Options
VPN	Virtual Private Network

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!