

Marketplace 2023 Open Enrollment Fact Sheet

The Marketplace Open Enrollment Period on HealthCare.gov runs from November 1, 2022 to January 15, 2023. Consumers who enroll by midnight December 15 can get full year coverage that starts January 1.

This year, the Centers for Medicare & Medicaid Services (CMS) is focusing on increasing access to consumer assistance, ensuring robust outreach and education efforts to reach consumers about the opportunity to enroll in or re-enroll in Marketplace coverage. CMS has also committed to raising awareness around low-cost plans for 2023, as a result of the American Rescue Plan (ARP) and the Inflation Reduction Act. CMS invested \$98.9 million in grant funding to 59 returning Navigator organizations for the 2023 Open Enrollment Period to provide increased and enhanced enrollment assistance to help consumers find the right health care coverage option, complete their Marketplace application and enroll in coverage. Navigator awardee organizations are available to provide comprehensive assistance through customized educational and outreach activities, especially to underserved communities.

Continued Access to Lower Costs

In 2021, the ARP expanded the availability of financial assistance for coverage through the Marketplace, making financial assistance available to more consumers and at greater levels. Thanks to the Inflation Reduction Act, these benefits continue through 2025, and they are available to eligible new consumers and to consumers returning to the Marketplace to shop for 2023. In part as a result of Inflation Reduction Act, four in five customers will be able to find health care coverage for \$10 or less per month for 2023 after subsidies.

Standardized Plan Options

For 2023, consumers will have access to new plan options on HealthCare.gov, which offer the same deductibles and cost-sharing for certain benefits, and the same out-of-pocket limits as other standardized plan options within the same health plan category. When consumers shop for plans, educational content is included to help consumers understand the availability of these plans, that they provide pre-deductible benefits, copayments for specific categories of care, and how-to next steps to review only these plans if consumers are interested.

These standardized plan options also include several unique features. With a greater number of benefits available before the deductible, such as primary care visits, urgent care visits, specialist visits, mental health and substance use disorder outpatient office visits, speech therapy, physical and occupational therapy, the availability of these plans decrease barriers to access for a range of important benefits.

Fixes for the “Family Glitch”

The Department of Treasury and Internal Revenue Service (IRS) finalized a new rule on October 13, 2022 that changes the way that affordability of employer coverage is determined

for members of an employee’s family. Starting in 2023, family members of a person who is offered employer-based insurance that is only “affordable” for self-only coverage, and not the whole family, may be eligible for tax credits on the Marketplaces for the first time to help the family enroll in a Marketplace plan with savings. These changes will help more consumers qualify for tax credits and cost-sharing reductions for a Marketplace plan.

The change will be reflected in the online application through HealthCare.gov and enhanced direct enrollment certified partner applications during the starting November 1, 2022 for 2023 coverage.

CMS’s Outreach Campaign

Building on the successes from last year, CMS is continuing an extensive outreach effort which includes a broad-reaching national campaign with traditional broadcast advertising and targeted digital efforts. Open Enrollment outreach will include investments to reach multiple audiences that experience lower access to health care. CMS has partnered with cultural marketing experts, for example, to deliver strong campaigns to African Americans, Spanish and English-speaking Latinos, and Asian American and Pacific Islander communities in multiple languages. These campaigns will connect people to local help and resources.

Expanded access to help

CMS has taken several steps to make it easier for consumers to get help signing up for quality, affordable health care coverage and to reduce health disparities in communities across the country. Starting with the grant funding awarded for the 2023 open enrollment period, required Navigator services will be expanded to help reduce health disparities by providing consumers with information and assistance on certain post-enrollment topics, such as the Marketplace appeals process and the premium tax credit reconciliation as a part of consumers’ annual federal tax filing. Additionally, more than 1,500 Navigators will be available to assist consumers with applying for and enrolling in Marketplace coverage for the 2023 plan year.

CMS will continue to boost its outreach with the help of the [Champions for Coverage](#) program, a community initiative that includes more than 1,000 local organizations that are active in providing outreach and education about the Marketplace and how consumers can enroll in coverage through HealthCare.gov, Medicaid, or the Children’s Health Insurance Program (CHIP).

[Key Updates and Enhancements to HealthCare.gov](#)

As Open Enrollment nears, CMS has continued its commitment to improve the customer experience on HealthCare.gov and CuidadoDeSalud.gov. CMS has continued refreshing site design, and more importantly, the assistance the site provides to guide consumers as they apply and enroll for coverage. More of the site continues to be visually refreshed to provide

consumers with a more consistent look and feel throughout their journey whether on desktop or mobile devices, and enhancing communications around actions, notices, and reminders.

Applying for coverage and estimating income

The application incorporates a new guided income and expenses experience when consumers are entering their current month's income and estimating their future annual income for 2023. Improved educational content helps consumers more clearly differentiate between current month and annual income and what they need to include. New estimation tools are provided to help consumers calculate their income based on what works best for them, especially for consumers with variable income over time, and those with multiple income sources and expenses that may fluctuate throughout the year. Consumers can enter their current month's income sources and expenses all in one integrated summary that updates the total as consumers provide information so they can see how the information they enter rolls up to their total, and how that monthly income connects to an estimate for their annual income on the next step.

Understanding eligibility

The Marketplace redesigned the Eligibility Notice consumers get when they submit their Marketplace application to improve the consumer experience and help increase successful health coverage enrollment. The updated notice leverages extensive consumer research and information design best practices to recast the notice in a clear person-centered design, with all results, deadlines and calls to action on a single page. The new design eliminates significant language redundancy and ambiguity from the original notice and better reflects how people think about their families. The new design also removes the need for consumers to self-select whether information applies to them, reducing confusion and better helping consumers identify and understand their next steps. The redesigned Eligibility Notice includes attachments designed to help people resolve data matching or verification issues, along with an expanded Eligibility Guide that offers detailed program and policy information.

Shopping for a plan that best meets a consumer's needs

The enrollment experience includes new hints, information and features to help consumers tailor their shopping and assist them in comparing plans and finding the best one for their needs.

Helping consumers eligible for extra savings on Silver plans:

- An additional reminder prompt has been added when consumers start the check-out process with a non-Silver plan since they could miss out on extra savings.
- Consumers can choose to take another look at Silver plans since they could save more on care throughout the year, or actively confirm they want to keep the plan they selected.

- The reminder helps consumers feel more confident about their plan selection, and ensure they are able to take advantage of savings they're eligible for while selecting a plan that meets their personal needs.

Providing more clarity and transparency around deductibles for health and drug costs:

- When consumers review the list of plans available in their area on HealthCare.gov, the deductible summary for each plan will provide a total amount and a breakout based on what each plan uses for deductibles, if there are separate health or drug deductible summary costs.
- Additional help connects consumers to plan details if a plan has additional deductibles or tiers consumers may want to review before enrolling.

Improving provider and drug search features:

- When consumers shop for plans, they can search for doctors/facilities and their prescription drugs in order to add them to see which plans may cover their preferred providers and prescription needs.
- Search features have been expanded to provide more in-context help in finding what the person is looking for, updating their search entry to improve results, and searches will return similar results, not just exact match results, to help account for variations in spelling.

Requesting help from an agent/broker

As with previous Open Enrollments, consumers interested in working with an agent/broker who can help in navigating their health care options, can choose one through Find Local Help or choose to get contacted by an agent/broker in their area. New for this year, consumers that want to get contacted by an agent/broker will no longer have to leave HealthCare.gov to provide their contact information, creating a more seamless experience all in one place. This feature has been fully integrated with HealthCare.gov and consumers can now stay on HealthCare.gov while they wait for the agent/broker to contact them.

CMS will continue to improve and enhance the application, enrollment, and educational support based on consumer feedback and testing.

Consumer Tools and Support

Consumers can preview and compare affordable, quality 2023 plans ahead of the Marketplace Open Enrollment Period

CMS launched window shopping for 2023 (the "See plans & prices" page on HealthCare.gov) to allow consumers to preview plans and prices before Open Enrollment begins. As in previous years, previewing plans lets consumers browse plans without logging in, creating an

account, or filling out the official application. Starting November 1, consumers can log in to HealthCare.gov and CuidadoDeSalud.gov or call 1-800-318-2596 to fill out an application and enroll in a 2023 Marketplace plan.

Marketplace Call Center

The Marketplace Call Center is often the front line of assistance for consumers as they apply for coverage and compare plan options. For the last several Open Enrollment Periods, the consumer satisfaction rate remained high – averaging 90% – throughout the entire Open Enrollment Period. In order to help prepare the Marketplace Call Center representatives to handle high consumer demand, CMS will continue providing extensive training to Marketplace Call Center staff prior to Open Enrollment and weekly refreshers throughout the Open Enrollment Period.

In addition to the Marketplace Call Center, local assistance will continue to be available to help consumers with enrollment through local assisters, and Marketplace-registered agents and brokers.

Local Assistance Resources

As noted above, this year, consumers will benefit from a more robust Navigator presence. Navigators are unbiased experts who help consumers, especially those in underserved communities, understand their benefits and rights, review plan options, and enroll in Marketplace coverage. In addition to an increased staffing capacity, Navigators will be offering more non-traditional appointment hours, bringing in-person assistance to consumers through the use of mobile units, and offering virtual appointments aimed at reducing transportation barriers.

The Navigator program is augmented by additional assisters and agents and brokers. More than 4,900 assisters (including Navigators, certified application counselors and other assisters) and over 56,000 agents and brokers are already trained to assist consumers. Additional assisters and agents and brokers will complete training prior to November 1.

CMS will continue to partner with the “Help On Demand” service for agents and brokers. This service allows consumers to request that a Marketplace-registered, state-licensed agent or broker in their area contact them directly for help applying and enrolling. Registered agents and brokers are able to set times when they’re available and then reach out to consumers who expressed interest in assistance.

To find someone local or to be contacted by a Marketplace-registered agent or broker, consumers should visit <https://www.healthcare.gov/find-assistance/>. Consumers are able to

choose if they'd like to browse and select an assister or an agent/broker in their area or can request an agent/broker to contact them directly to help with their application and enrollment. Consumers that choose to search through available assisters, agents and brokers in Find Local Help are able to look for a specific person or organization and can filter results based on their preferences and services provided, including language capabilities.

Open Enrollment Notices

Each year, the Marketplace sends notices to consumers who are currently enrolled in a Marketplace plan prior to November 1 about the upcoming Open Enrollment Period. This notice provides consumers with key dates for Open Enrollment and emphasizes the importance of consumers returning during this time to update their application and actively re-enroll in a plan for 2023. The notice also provides certain consumers with customized messaging for specific situations, such as if they're at risk of losing premium tax credits. Consumers receive additional notices from their current insurance company with important information about premiums, coverage and benefit changes, and plan availability for 2023.

To see examples of Open Enrollment notices, visit:

<https://marketplace.cms.gov/applications-and-forms/notices.html>

Automatic Re-enrollment Process

Consumers who are currently enrolled in Marketplace coverage are strongly encouraged to come back and update their information, compare, and pick a plan that best suits their needs before the December 15 deadline for coverage effective January 1. However, current consumers who do not actively select a 2023 plan by December 15 will be automatically re-enrolled into coverage for 2023. After December 15, the Marketplace sends a notice to consumers who were automatically re-enrolled; consumers who prefer to actively select a new plan can return to the Marketplace to do so before the January 15 close of Open Enrollment, at which point their January coverage will be through the auto re-enrolled plan, and their active selection will be effective February 1.

As in previous years, consumers who are currently enrolled in 2022 Marketplace coverage with an issuer who is not returning to the Marketplace for 2023 will be matched with a similar plan for re-enrollment with a different issuer. The new plan will be similar to their current plan. These consumers will receive an additional notice with information about this alternate plan, and are especially encouraged to review their options and pick the best plan for 2023 that meets their needs. Information about any agents or brokers who helped enroll these consumers will be communicated to the alternate issuer as part of the automatic re-enrollment process. Consumers who are matched with an alternate issuer through automatic re-enrollment are eligible for a Special Enrollment Period and have until December 31 to make a plan selection for coverage effective January 1.

HealthCare.gov Operations

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 may be limited or restricted when this maintenance is required. Maintenance will only occur within these windows when deemed necessary to provide consumers with a better shopping experience. The purpose in scheduling these times is to minimize any consumer disruption.

Regularly scheduled maintenance will continue to be planned for the lowest-traffic time periods on [HealthCare.gov](https://www.healthcare.gov), which are Sunday mornings.

For more information on the scheduled maintenance times, visit:

<https://marketplace.cms.gov/technical-assistance-resources/healthcaregov-maintenance-windows.pdf>

State-based Marketplaces

Consumers in states operating their own Marketplace platform can also enroll in a 2023 Marketplace plan starting on November 1 (with Idaho's Marketplace opening October 15). Consumers in these states can find information about available plans and prices, how to obtain in-person or virtual help or attend a local event, and state-specific enrollment deadlines by visiting or calling their state's Marketplace.

An additional [State-based Marketplace fact sheet](#) includes details for each State-based Marketplace and consumers can visit [HealthCare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/) to find their State's website.

Small Business Health Options Program (SHOP)

Similar to previous years, small business employers will be able to enroll directly with an issuer, or with a SHOP-registered agent or broker. HealthCare.gov allows employers to preview available SHOP plans and find an issuer or agent/broker to work with to offer SHOP coverage to their employees. Quality rating information will also be available for SHOP plans.

Additional Resources

Enrollment Snapshots

CMS plans to release enrollment snapshots for HealthCare.gov and State-based Marketplaces throughout the Open Enrollment Period. New this year, snapshots will be released approximately biweekly instead of weekly. This revised reporting schedule will allow CMS to report national-level data (that incorporates data from State-based Marketplaces) on a more frequent basis.

To view the Plan Year 2023 Qualified Health Plan Choice and Premiums in HealthCare.gov States Landscape Report, visit: <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/2023QHPPremiumsChoiceReport.pdf>

To see the Plan Year 2023 Health Insurance Marketplace[®] Public Use Files, visit: <https://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf>

To see the Plan Year 2023 Quality Rating System Public Use Files, visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Downloads/MQI-Downloads>

To see the Plan Year 2023 State-based Marketplace Open Enrollment Fact Sheet, visit: <https://www.cms.gov/files/document/state-exchange-open-enrollment-chart.pdf>

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