

Federal Health Insurance Exchange 2018 Open Enrollment

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The Federal Health Insurance Exchange Open Enrollment period runs from November 1, 2017, to December 15, 2017, with coverage starting on January 1, 2018. This year the Centers for Medicare & Medicaid Services (CMS) is taking a strategic and cost-effective approach to inform individuals about Open Enrollment. CMS continues to use consumer feedback to drive improvements. Consumers can visit HealthCare.gov and CuidadodeSalud.gov to preview 2018 plans and prices before Open Enrollment begins.

Key Updates

New direct enrollment experience: Under a new streamlined and simplified [direct enrollment](#) process, consumers applying for coverage through certain partner websites will now be able to complete their application using one website, instead of being redirected to HealthCare.gov to complete their application. This offers consumers more options for ways in which to enroll.

New “Help On Demand” services for agents/brokers and consumers: gov will offer increased opportunities for consumers to connect with agents and brokers.

For consumers - This new service allows consumers to choose to have an agent or broker in their area contact them directly for assistance while they're available.

For registered agents and brokers – This new service allows agents and brokers to set times when they're available and then reach out to a consumer who expressed interest in needing help applying and enrolling.

For more information, visit: <https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>

Updated help content: Added more content in plain language to help consumers navigate income and eligibility questions.

Updated provider and prescription drug search: Added smart search suggestions for consumers when entering doctors and prescriptions to help them quickly find what they are looking for, including generic and brand drug information.

Updated eligibility notice: Provided more streamlined information about consumer eligibility and next steps based on consumer feedback.

HealthCare.gov Maintenance

Every major website needs routine maintenance and updates to keep things running smoothly and efficiently. This year, CMS is keeping the potential hours for planned website and partner maintenance similar to previous years, and limiting potential system downtime to the lowest-traffic time periods on HealthCare.gov. CMS also made sure to share those potential plans in advance of Open Enrollment with Navigators and certified application assisters, in response to their requests, to help them plan their interactions with consumers.

HealthCare.gov Waiting Rooms

Similar to previous years, CMS may deploy a “waiting room” when website traffic is high for some consumers logging in or creating an account on HealthCare.gov. The waiting room is one tool we utilize to optimize a consumers’ experience because it allows us to control the volume of users resulting in better performance of the website. Consumers see a message asking them to stay on the page. The waiting room will refresh when a consumer can continue to apply and enroll with a smooth experience.

Window Shopping

On October 25, 2017, CMS launched updates to window shopping (“See plans & prices”) which allow consumers to preview 2018 plans and prices before Open Enrollment begins. As in previous years, window shopping 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 2018 Exchange health plan.

Re-enrollment

As in previous years, **consumers** who are currently enrolled are encouraged to come back and update their information, shop, and pick a plan that best suits their health care needs before the December 15 deadline.

Re-Enrollees: Consumers who are currently enrolled in a plan receive notices from the Marketplace prior to November 1 about the upcoming the Open Enrollment period. These notices provide consumers with the new dates for this year’s Open Enrollment and the importance of returning during this time to update their application and actively re-enroll in a plan for 2018, as well as customized messaging for their situation such as if they’re at risk of losing tax credits. Consumers also receive notices from their current issuer with important information about premiums, coverage and benefit changes, and plan availability for 2018.

Discontinued Plans: Consumers whose 2017 plan isn’t available for 2018 will receive a discontinuation notice from their current issuer by the start of Open Enrollment. Those consumers may also receive a letter from the

Marketplace notifying them that they have been matched them with an alternate plan from a different issuer to help avoid a gap in coverage. Consumers are not under any obligation to stay with this plan and are encouraged to take action and choose a plan by December 15. Consumers with discontinued plans are eligible for a loss of coverage Special Enrollment Period.

Automatic Re-enrollment: As in previous years, CMS will automatically re-enroll consumers that don't actively re-enroll by December 15, 2017 into their same or similar plan. The Marketplace will send a notice to those consumers that were automatically re-enrolled. Similar to Medicare's Open Enrollment period, consumers who miss the deadline to enroll in a plan of their choice will not be able to make any plan changes until the next coverage year unless they qualify for certain Special Enrollment Periods. Most consumers whose plan isn't available in 2018 will be automatically re-enrolled into a plan from a different issuer to avoid a gap in coverage – these consumers will need to pay their premium for January in order for this coverage to begin. Consumers whose issuer isn't offering their plan in 2018 are eligible for a Special Enrollment Period due to losing coverage and have the opportunity to choose a different plan.

To see examples of consumer notices, visit: <https://marketplace.cms.gov/applications-and-forms/notices.html>

Consumer Call Center

The Call Center is often the front line of assistance for consumers as they apply for coverage and compare plan options. Last year, CMS' call center staffing peaked at 11,000 people during Open Enrollment. CMS plans to have the same amount of staff this year. In order to help prepare the Call Center representatives to handle high consumer demand, CMS is providing extensive training to call center staff and weekly refreshers throughout the enrollment period. This year CMS will pilot a new feature at times during Open Enrollment to give consumers the option to request a call-back without losing their place in line, rather than waiting on hold.

In addition to the Call Center, CMS will continue to provide in-person assistance to help consumers with enrollment. This includes federally funded Navigators, Certified Application Counselors, and local agents and brokers.

Financial Assistance

Premium tax credits will be available in 2018 for individuals who qualify. Consumers can continue to use Exchange coverage and take advantage of its benefits, including premium tax credits. Plans available from insurance companies will continue to reflect reduced copayments, coinsurance, and deductibles for eligible consumers.

Marketing and Outreach

CMS adjusted the Open Enrollment marketing budget this year to a level similar to what is effective for other major programs, like Medicare. After analyzing data from previous Open Enrollment periods, CMS has re-prioritized marketing tactics and focused funding and attention on the most strategic and efficient ways to reach consumers. This year's outreach and education campaign will target people who are uninsured as well as those planning to reenroll in health plans, with a special focus on young and healthy consumers. CMS committed resources to proven high impact, low cost digital outreach efforts including short YouTube videos, social media, and mobile and search advertising.

CMS will also continue to build and use direct response methods including email, text messaging and autodial messages. Targeted email has proven to be the most cost efficient and effective way to reach consumers. As part of this effort, CMS will send most consumers multiple emails per week, with increasing frequency as the deadline approaches. CMS will also reinforce educational messaging through ongoing text messages and provide reminder calls encouraging consumers to take action before the December 15, 2017, deadline.

2018 Health Insurance Exchange Premium Landscape Issue Brief

The U.S. Department of Health and Human Services plans to release the 2018 Health Insurance Exchange Premium Landscape Issue Brief before Open Enrollment.

For more information on 2018 individual and family health plans available in the Federal Health Insurance Exchange, visit: <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>

To see the 2018 Health Insurance Exchange Public Use Files, visit:

<https://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf.html>

To see the 2018 Rate Review Public Use File, visit: <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/2018-URR-PUF.zip>

To see the 2018 Issuer Participation County Map, visit: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2017-10-20-Issuer-County-Map.pdf>

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