

FACT SHEET: TAKING STEPS TO SMOOTH CONSUMERS' TRANSITION INTO HEALTH COVERAGE THROUGH THE MARKETPLACE

Today, the Administration is announcing the steps we are taking to immediately make it easier for individuals to purchase health plans through the Marketplace and access the doctors and prescription medications they may need during the transition to new health insurance. We will continue to look for additional steps we can take to make this process easier for consumers.

Giving Consumers More Flexibility on Deadlines To Sign Up and Pay For Coverage

Extending the Enrollment Deadline to December 23

- Today, we are formally extending the deadline for signing up through the Marketplaces for coverage beginning January 1 from December 15 to December 23 (this also applies to the Federally-Facilitated SHOP).
- We will consider moving this deadline to a later date should exceptional circumstances pose barriers to consumers enrolling on or before December 23.

Reminding Consumers of the Special Enrollment Period for Individuals Who Have Trouble Signing Up Due to an Error Made By the Marketplace

- If an individual tries to sign up by December 23rd but experiences an issue with the Marketplace, they qualify for a special enrollment period and gain coverage as soon as possible.

Giving Those With Some of the Most Severe Health Conditions Additional Time on Their Current Health Plan

- We are allowing enrollees to stay in the federal Pre-existing Condition Insurance Plan (PCIP) program through January to ease their transition into Marketplace plans. This step will help take pressure off of this vulnerable group's enrollment in coverage through the Marketplace by December 23rd.

Encouraging Insurers to Give Consumers Even More Flexibility to Sign Up for Coverage Effective January 1

- We are encouraging insurers to allow people who sign up after December 23 to get coverage on January 1.
- This includes allowing issuers to offer retroactive coverage for people who sign up after January 1. For example, if a person signs up and pays on January 5, they can have coverage with a start date of January 1 (which qualifies them for the advance premium tax credit).

Giving Consumers More Time to Make Their First Premium Payments

- We are requiring insurers to provide coverage beginning on January 1 if a person pays by December 31 (previously, issuers could have set an earlier deadline).
- We are also encouraging insurers to allow individuals who signed up by December 23 but didn't pay until sometime in January to get coverage starting on January 1. We are also encouraging insurers to allow people who pay part but not all of their premium to have their coverage start on time.

Helping Consumers Access Their Doctor and Prescription Drugs During This Transition

Strongly Urging Insurers to Cover the Additional Doctors and Prescription Drugs Consumers Need During January

- We are strongly encouraging insurers to treat out-of-network providers as in-network to ensure continuity of care for acute episodes.
- We are strongly encouraging issuers to treat out-of-network providers as in-network if the provider was listed in their plan's provider directory as of the date of an enrollee's enrollment.
- And we are strongly encouraging insurers to refill prescriptions covered under previous plans during January.

Making Sure Consumers Have Accurate Information So They Can Pick the Health Plan That Works Best for Them

- Provider directories and formularies (lists of prescription drugs covered by a plan) are now available in anonymous shopping and can be reviewed prior to choosing a plan.
- We are clarifying that issuers should make sure provider directories for Marketplace plans are accurate and up to date, so that consumers have all the information they need to choose the plan that's right for them.

Ensuring That Consumers Know Their Rights

- We are working to make sure consumers know their existing right to appeal an insurers' decision not to cover a particular consumer or medication, the ability to get an off-formulary drug through an exceptions process, and the right to emergency care outside of networks at in-network rates.