

3 things to tell your patients about signing up at HealthCare.gov

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It would be hard to imagine a worse time than during a global pandemic to be without health insurance, so physicians need to remind their patients about the open enrollment period on the HealthCare.gov platform created by the Affordable Care Act (ACA). The American Rescue Plan Act (ARPA) increased the amount of premium help available to qualifying individuals, and opened the door to qualifying individuals with incomes that are more than 400% of the federal poverty level to receive premium help for the first time.

These actions fueled 20% growth in the number of people eligible for marketplace coverage subsidies at the time of the law's enactment, to 21.8 million from 18.1 million people, according to the Kaiser Family Foundation (KFF). According to the Department of Health and Human Services, the 8 million marketplace enrollees who signed up for coverage before the ARPA was implemented are now paying \$68 per month on average, after accounting for an average additional monthly premium savings due to the ARPA of \$67. Premium savings due to the ARPA is especially notable for those with incomes between 100% and 150% FPL, who represent 42% of enrollees and thanks to the ARPA subsidies, pay either no or nominal premiums for their coverage.

It is important for physicians to tell their patients to check if they qualify for ACA premium help even if they did not previously. For those currently enrolled in ACA marketplace coverage, shopping around can yield premium savings, even for a more comprehensive plan.

Here's what doctors should tell their patients about this opportunity to get covered.

Take advantage of this opportunity

Open enrollment on HealthCare.gov started this month and ends Jan. 15, 2022.

Dec. 15, 2021 is the last day in most states to enroll in or change plans for 2022 coverage that starts Jan. 1. While open enrollment on HealthCare.gov ends on Jan. 15, fully state-run marketplaces can have different enrollment deadlines.

While the open-enrollment period for marketplaces in Colorado, Connecticut, Maine, Minnesota, Nevada, New Mexico, Pennsylvania, Vermont and Washington state matches the dates for HealthCare.gov, other state-based marketplaces close on different days.

While their open-enrollment periods all started Nov. 1, the ending dates differ for the District of Columbia and eight states with their own marketplaces.

For the states below, enrollment in their marketplaces ends:

- Dec. 15 in Idaho.
- Jan. 16 in Kentucky and Maryland.
- Jan. 23 in Massachusetts.
- Jan. 31 in California, District of Columbia, New Jersey, New York and Rhode Island.

In states with their own marketplaces and D.C., patients will be redirected from HealthCare.gov to shop for an ACA marketplace plan via a state-run website.

Make sure to consult this checklist

Patients should follow this checklist of the 10 things (PDF) needed to complete enrollment in the individual marketplace. These include Social Security numbers, birthdates and mailing addresses for everyone applying for coverage.

Financial help may be available

Larger subsidies are available to help consumers purchase marketplace plans, and individuals previously ineligible for premium help may now be eligible due to changes included in the American Rescue Plan or if they have had changes in employment status or other economic circumstances.

So, even though a patient was not eligible for subsidies in the past, he or she may be eligible in 2022 during this open enrollment period.

Remind patients to also check their Medicaid eligibility status. In 2020, 7 million uninsured people were eligible for Medicaid, according to a KFF analysis. It was also noted that more than 500,000 people who applied for marketplace coverage on HealthCare.gov during this year's Feb. 15-Aug. 15

special enrollment period were determined to be eligible for Medicaid.

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