

College Student and Young Adult Health Coverage Briefing

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Jesse Cross-Call: Good afternoon and welcome, everybody. My name is Jesse Cross-Call, and I am the Deputy Director of External Affairs at the U.S. Department of Health and Human Services. We are really excited you were able to join us for this briefing, which we are co-hosting with the Centers for Medicaid & Medicare Services, the Department of Education, and Young Invincibles. Today, we will discuss two major events that will impact the health coverage of young adults. These are the open enrollment season for coverage in the Affordable Care Act Health Insurance Marketplaces, which began last Tuesday, and what we refer to as the Unwinding of the COVID-19 Public Health Emergency.

Let me give you a little bit of background about those two things. First, in the first two years of the Biden-Harris Administration, we are proud to say the country's uninsured rate has declined, reaching a historic low of 8% earlier this year. There are two big reasons for this. The first reason is that this Administration has made coverage in the Marketplace more affordable than ever. Thanks to the Inflation Reduction Act, those enhanced savings will continue for at least a few more years. In fact, this year, four out of five consumers will be able to find a plan for \$10 or less per month after subsidies. The second reason is that Medicaid enrollment has grown. A big reason for this growth is that during the COVID-19 Public Health Emergency, states have not been allowed to disenroll people from coverage in Medicaid. But the PHE could end soon, as soon as January actually, and when that happens, states can resume normal eligibility operations for the first time in almost three years.

There is the potential that as many as 2.2 million young adults could leave the Medicaid program. Our number one goal as we proceed through the open enrollment and Unwinding work is to ensure young adults are connected to affordable health coverage, whether it be through the Marketplace, Medicaid, or some other source. This afternoon, you will hear from some of my colleagues at CMS, the Department of Education, and from our partners at Young Invincibles. They will discuss the stakes for young adults and they will share strategies and best practices they have developed for reaching and engaging with this group of people. Before we get started, and I pass it on to the next speaker, a few notes about logistics.

First, the webinar today is being recorded. Second, all participants will be muted. Third, while members of the press are welcome to attend the call, please note that all press or media inquiries should be submitted through the CMS media inquiries form, which can be found at cms.gov/newsroom/media-inquiries. We will put it in the chat so you can actually take that down. Closed captioning is also available via the link share in the chat by our Zoom moderator. We will have time for a couple of questions along the way. The way to submit a question is to use the Q&A function from the menu below to submit any questions you have. So, thank you again for joining us today. With that, I would like to hand things over to Luke Rhine, Deputy Assistant Secretary for the Office of Career, Technical, and Adult Education at the Department of Education. Luke?

Luke Rhine: Good afternoon. Thank you, Jesse, for the introduction. It is an absolute pleasure to spend time with you this afternoon. Thank you to our broader set of colleagues at the Department of Health and Human Services for allowing me to speak with you all today. As Jesse said, my name is Luke Rhine, and I have the pleasure of serving as Deputy Assistant Secretary for the Office of Career, Technical, and Adult Education here at the U.S. Department of Education. My goal is to offer my thoughts on how critical it is to support students as they balance their education, support themselves and their families, and work to build a better future. Students should not need to worry about whether they have access to food and healthcare on campus or whether the necessary resources are in place to support their physical and mental well-being. Students are best able to thrive in postsecondary education when their basic needs and healthcare needs are supported.

I would like to thank our colleagues at HHS, who have been exceptional partners in ensuring students remain healthy and that university leaders have the information they need to create safe and supportive campus environments. There is a lot of information that will be covered today. You will hear from some of our top experts on the process of Unwinding the Public Health Emergency and how students can access healthcare during this important open enrollment period. You will also hear from Young Invincibles, who do incredible work to support students. We will have the opportunity to learn together about some ways that we can collectively partner to ensure we support the healthcare needs of our students. We know that each of these issues are important to your students and to you as a university and community leader. Our hope is to support you and develop a safe and successful academic year to better help students meet their basic needs. As we continue to recover from the pandemic and tackle the other healthcare challenges, please know you have the support of the Department of Education.

We look forward to being partners in this work with you and ensuring that our students remain safe and healthy and find success in each academic year. I want to turn it over to Jessica Stephens, the Unwinding lead for Centers for Medicaid and CHIP services in the Department of Health and Human Services. Jessica, turning it over to you.

Jessica Stephens: Thank you, Luke. Good afternoon or good morning, depending on where you are. I am really delighted to speak with you today. I will take a few minutes to unpack what we mean by Unwinding and talk a little bit about what actions you can take in your communities as young adults to prepare and ensure that you are able to continue to maintain health coverage as you needed. Next slide, please.

It would like to start by discussing where we are right now. We are still in an official Public Health Emergency, and as a result of a number of things that I will be talking about shortly, including what is referred to as the continuous enrollment provision enacted by Congress at the Public Health Emergency back in March of 2020. Medicaid and Children's Health Insurance Program, CHIP, enrollment is at an all-time high. You can see here that about 89 million individuals, nearly 90 million individuals, were enrolled in Medicaid as of June. We are very quickly approaching, if we have not already, we are quickly approaching 90 million people. That is an increase of 26.5% since the beginning of the pandemic. This increase includes many young adults. Next slide, please. So, the continuous enrollment provision, which has led to a lot of the increase in enrollment, meant that many states had to maintain enrollment of individuals in their programs in Medicaid during the Public Health Emergency. Once the Public Health Emergency ends officially, states will have to resume normal operations. Because up until now, since March 2020, individuals have not, for the most part, been able to be terminated from their Medicaid programs even if they would otherwise be ineligible. Meaning if they aged out or their income increased, you'd still remain eligible and enrolled in the program. But, when the Public Health Emergency ends, states will have to resume those normal operations, which means states will need to redetermine eligibility for everyone in their program, the entire case load, and then begin terminations for individuals who are no longer eligible. It will be a significant volume of renewals, especially since enrollment has grown so significantly since the beginning of the pandemic. It is estimated approximately 15 million individuals could lose their Medicaid or CHIP enrollment. But, I want to emphasize, and this is a crucial point to take away, that it does not mean 15 million more people will become uninsured. There are lots of steps to take and important to highlight. We will do that in this presentation here to ensure eligible people do not lose their coverage and that Marketplace coverage is available for many individuals who will no longer be eligible for Medicaid and CHIP. As Jesse said, kicking off the call, we think about this as "a whole of government" approach and are happy to be here with the Department of Education to emphasize the importance of this for young adults in particular. Next slide, please.

Let me talk more specifically about what it means when we say that states resume normal operations. As I said earlier, when the Public Health emergency ends, states will need to conduct eligibility renewals and re-determinations. They will have 12 months to initiate those renewals or re-determinations for everyone enrolled in their programs and then must complete that within 14 months. And states may vary in exactly when they begin that work. There is a little window for

the work to start. They will also be required to go back to all other normal eligibility and enrollment processing, consistent with all our requirements. If you submit an application, it needs to be processed timely. There are several challenges that we know will be at play here and that we have been trying to work around. The first is just the volume, and I mentioned this already. Enrollment has grown significantly. The workforce has shrunk a lot in many states. There was the great resignation, and there has been a lot of staff turnover in states. Getting this work done in normal circumstances would be challenging but it is compounded by staffing shortages at Medicaid agencies. It has also been a long time since many people have had to complete their renewal with the risk of their coverage ending. This is critical because it leads to this last point that we will say multiple times today, which is to ensure that contact information is updated. If people are enrolled, young adults are enrolled in Medicaid or still in CHIP, in the Children's Health Insurance Program, it is critical to ensure that the Medicaid agency has updated contact information, which includes address, email address, phone number, or any other ways to contact that will be critical to ensuring you get appropriate information. Next slide, please.

We have been working with states on this for several years. It feels like, 2 ½ - 3 years to prepare for the end of the Public Health Emergency. There are things states are doing in order to prepare. Things like developing an Unwinding plan, which includes how they will tackle all the work. Updating contact information and obtaining updates. You may see social media or other ads that say update your contact information today, which is for the points I just made about the importance of being able to get information. Those contact information updates have been a key part of some of the robust outreach and communication strategies that states have implemented, and when I turn it over to Stefanie Costello in a moment, she will talk more about that outreach. We have also pushed states to try to engage local community partners and groups like you all to ensure people have the information that is needed to ensure they continue their coverage. Not all states will take the full 12-month period that is allowed for them to initiate all the work they need to do for eligibility re-determinations, but most states are. As I noted, most states are doing things like updating contact information, launching campaigns, and doing other work to support transitions to other coverage. Next slide, please.

I will not go through this in much detail, but I want to highlight the importance about transitions to other coverage. Medicaid and CHIP are two coverage programs that I work very heavily on, but also the Marketplace program. Many individuals, if no longer eligible for Medicaid, say you have a new job and your income has gone up, or you may be in a state where you age out of Medicaid and you no longer qualify for Medicaid or your state does not cover young adults; Marketplace eligibility is available to many, including with financial assistance. So, it is critical to ensure that even if people think they are not eligible for Medicaid anymore that they go through this process of completing the renewal process, which essentially means if the state sends a form for individuals to fill out, it is important to do that because that helps with the

transition from Medicaid over to the Marketplace, we call this process account transfer, in order to be evaluated for other coverage programs. If any of you have heard of [HealthCare.gov](https://www.healthcare.gov), there are 33 states that use [HealthCare.gov](https://www.healthcare.gov). Other states have their own state-based Marketplace for individuals that are transferred if they are no longer eligible for Medicaid or CHIP. Next slide, please.

I want to also highlight two sets of resources that go into much more information than I just shared. We have tools and resources, best practices, and some communications materials, which Stefanie will refer to. The first one is [Medicaid.gov/Unwinding](https://www.Medicaid.gov/Unwinding). If you go to that page, it is geared toward states, but has a lot of information about what states are doing to prepare for the end of the Public Health Emergency when that will occur. Along with the guidance that CMS has provided to state on that. Next slide, please.

This may be the more immediately relevant site for all of you, at least at the moment. [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals). We have this companion page to [Medicaid.gov/Unwinding](https://www.Medicaid.gov/Unwinding), primarily focused on individuals who are enrolled in Medicaid or CHIP or who helping individuals enroll or keep their coverage in Medicaid or CHIP. This is essentially a one-stop shop for individuals to learn about Unwinding, but also to do things like click on the map, which you will see if you go to that page, for the state you are in, and get immediately connected to the state page on Unwinding, to the extent that there is one where people can go and update contact information, get state specific information about when you should expect things like renewals and re-determinations, and be ready for whatever comes next. I will stop there and pass it over to Stefanie.

Stefanie Costello: Great, thank you so much, Jessica. I know she did unpack a lot in a brief time, so please put any questions in the chat. I will talk about resources for you and resources for those you might communicate with, support, or work with to help educate about this Unwinding process—next slide.

So, we have a communication strategy coming out of CMS. As you heard from Jessica, this is going to impact large amounts of people. It is going to be in every state across the country. We want to make sure a few things happen during this Unwinding process. Mainly, we want to make sure individuals maintain coverage either through Medicaid or become enrolled in coverage for which they are eligible for. That could be Medicaid, CHIP, basic health programs, the Marketplace, or employer-based coverage. But we want to ensure that anyone who is going to be impacted through this renewal will remain covered. We have a multipronged whole-of-government communication approach that we are work through. We partner with states, stakeholders, and federal agencies, like the Department of Education, to educate those on the call. We want to ensure people with Medicaid are aware of the steps they need to take to maintain coverage. This includes creating a national outreach campaign that builds upon the

state's efforts. As Jessica mentioned, each state has their own plan. They have been working with their enrolled individuals who are enrolled in Medicaid and communicating with them. We also understand there will be a number of people who might have moved since they applied for and received Medicaid during the pandemic. We know that a number of them, as Jessica mentioned, might not have ever been through a redetermination before or a renewal process. It is important to make sure we are communicating with, especially with people who might not know they need to take a step or that there will be individuals who have moved and might not be able to receive mail because they have a new updated address and are not on the lookout for communication from their state. So, we have a timeline that we have in terms of two phases to help communicate with these specific people.

For Phase one, it's what we call the get ready and awareness phase. During this phase, which we are in now, while the Public Health Emergency is still going on, we want to make sure people are getting the message, which is to update their contact information with their states and that they are on the lookout for any mail from their state. It is a simple message. If you take anything away from this part of the webinar today, it is if someone is on Medicaid, make sure they have updated their address. Especially college students who might be moving from apartment to apartment every semester or every year or back and forth between their home or family member's location in a different place. We know that time in college is quite transient. We need to make that if you are moving, you are updating your information with the state so they have your most recent address for you. If you move again, you are updating your address. If you receive anything from the state that you open it immediately and read that mail. When the Public Health Emergency ends, that will be when the Medicaid redetermination begins. As Jessica said, we do not know when that will be. When it starts, we will start phase two messaging, which will have different actions in messaging—next slide.

As I said, we are in phase one and have a toolkit you can use. We will put the link in the chat so you will have the link to this toolkit. It is on the same webpage Jessica was talking about. This is available in English and Spanish, and we have some parts of the toolkit available in additional languages, as well. It includes an overview of the Public Health Emergency, it has a summary of research to see what will resonate with individuals. We have some key messaging, fillable flyers for you to use and post around your campus or other places where young adults might be living or interacting with, and we have some drop-in articles. If you have newsletters or other sorts of distribution means with your email groups, we have those. Social media and outreach posts is always highly recommended, and some sample emails, text messages, and call centers. Those are really for states, so you do not have to worry about that. In college, you are not supposed to plagiarize and copy messaging, but in this instance, we are encouraging you to lift exactly word for word from this toolkit. The drop-in articles, which you can email out, and post key messages on social media. Please take it right from this toolkit and share it with any individuals you think might be helpful to get this information. Again, available in English and Spanish. Next slide.

Here is a sample of what I was talking about. We have some social media graphics, plus some matching language for that. You will have the graphic and the language, and where to go. Then, we have text messages as well. Sometimes, it is popular to send out group text messages, we have that available as well, and then these drop-in articles, which could be used for a newsletter or any email distribution you may have—next slide.

Our call to action and key messages, again, we need your help. You can start right now. We encourage you to help prepare for this renewal process, as we are in phase one. The three main messages are to update your contact information, check your mail, and if you get anything from the state, that you complete the renewal form. Three takeaways. Update contact information, check your mail, and complete your renewal form. These are listed in the communications toolkit, you can send those out widely, and some additional resources are there. That is it from my slide deck, and I will be turning it back to Jesse to field some of our questions.

Jesse Cross-Call: Great, thanks, Stefanie. Just as a reminder, we are going to take a break here and answer any questions folks have. If you have a question, there is a Q&A button down at the bottom of the screen that you can use. I see that we have some questions that have already come in. A few of them look like they are related to open enrollment in the Marketplace, which is the next section, so I will hold those until we get through the next section and circle back to them. If you have questions about the Public Health Emergency, the Unwinding, or making sure people can either retain Medicaid coverage or transition to something else, now is a good time to put in the chat. We can also circle back if questions occur to you as we go forward. All right, I'm actually not seeing questions around the PHE specifically right here. So, what I am going to do, we will move on to the discussion of Marketplace Open Enrollment and hand it back to Stefanie. Just as a reminder, we will have another chance to answer questions, and some of the ones that have been submitted around Marketplace coverage, we can get to in a little bit—Stefanie, back to you.

Stefanie: Great, thanks Jesse. We will switch gears and talk about Marketplace Open Enrollment right now. I will give you a little background here and what you can do around open enrollment—next slide. But before I go far into open enrollment, I want to take a moment to level set here in terms of being a college student and letting you know that you have several choices for health coverage as a college student.

A lot of colleges and universities offer a student health plan. You might be able to get coverage from your school through a student health plan. If your college is one of these, you can contact them, look it up online or go to your Health Center, and they will talk to you about your student health plan. Another option is the Marketplace health plan, and we will talk about this in a little bit. But this is where you get to choose and buy a health plan through the Health Insurance Marketplace, and most people are going to qualify for help paying for coverage, and we will talk

about those savings as well in just a little bit. The third is coverage on a parent's plan. You might be able to stay on your parent's plan or get added to your parents' plan. You can stay on there until you turn 26. A good percentage of college students in undergrad, if your parents have a health plan and you are able to get on that, that is an option for those under 26 to stay on their parent's plan. You can work that out with your parents. Another option is a catastrophic health plan. If you are under 30, you can buy a catastrophic health plan to protect yourself from the high cost of an accident or serious illness. These plans usually have lower monthly premiums and high deductibles. You pay for most of the care yourself, up to a certain amount, and after that, the insurance company pays its share for coverage of services. If this is something you're interested in, please make sure to do some research, the difference between a catastrophic health plan and a health plan you may be able to get from the other options, each of them will have different options in terms of your coverage, covering a doctor's visit, for example, or prescription drugs or what happens if you are hospitalized or in an accident. It is really important when shopping for health insurance and there are different plan options to understand what each one gives you and then you make the choice for which one fits your life the best.

We also talked about Medicaid earlier in this presentation. So, it is a joint state-federal program that gives coverage to people with limited incomes. CHIP is for low-cost coverage for people up to age 19, so some freshmen and maybe even sophomores might be eligible for CHIP, and families that earn too much money to qualify for Medicaid. When you apply for coverage at [HealthCare.gov](https://www.healthcare.gov), again, I will talk about this in a moment, and it will tell you if you qualify for coverage from Medicaid or CHIP. There is no wrong door if you go to [HealthCare.gov](https://www.healthcare.gov). You will get to where you need to go. As we have talked about Medicaid and CHIP, in your state, it could be called something different than Medicaid, so make sure to search and be aware if your state may have a different name like Badger Care or Peach Care. Sometimes that may resonate better with you all. You may have heard of that besides having it be called Medicaid. This will take a little bit of research on your part to look at these.

Now we will talk about open enrollment—next slide. Enrolling in health insurance at [HealthCare.gov](https://www.healthcare.gov), we are excited because we are at the middle, or at the beginning I should say, of the Marketplace Open Enrollment period. It opened on November 1, and people, including college students who lack health insurance or are already in a Marketplace plan, can go to [HealthCare.gov](https://www.healthcare.gov) to submit an updated application or to submit an application for the first time. Consumers may even qualify for financial help in paying for their health insurance premiums. There is a new law that Jesse talked about called the Inflation Reduction Act and that extends enhanced financial help to purchase health coverage through [HealthCare.gov](https://www.healthcare.gov). So, what does that mean for you? Well, it means that extending this help to consumers who have a health insurance plan through [HealthCare.gov](https://www.healthcare.gov) will continue to save money on their premiums. If you do not have health insurance through [HealthCare.gov](https://www.healthcare.gov) and you are applying, you might be eligible for these new savings. So, in short, four out of five consumers will be able to find health plans for \$10 or

less a month; this is after the newly extended financial assistance. You can find a health plan for \$10 or less a month for health coverage, which is just absolutely great. We are encouraging you and all your friends who need health insurance to go to [HealthCare.gov](https://www.healthcare.gov) now and look for health insurance and find comprehensive plans that offer coverage for doctors' visits, preventative care, prescription drugs, as well as much more.

There are a couple of dates we want you to remember; open enrollment is starting now, and you can go ahead and log onto [HealthCare.gov](https://www.healthcare.gov); this is the screen you will see when you log on. It is open through January 15. If you want coverage to start on January 1, 2023, you need to enroll in health insurance by December 15, 2022. So, if you want health insurance starting next year, January 1, 2023, you need to enroll in health insurance by December 15, 2022, and that means going to [HealthCare.gov](https://www.healthcare.gov) and starting up the application, selecting a plan, and making your first payment. That will ensure that you have health insurance starting January 1. I also want to note that if any of you out there currently don't have health insurance, you might qualify for a special enrollment period (SEP). You can go in here on [HealthCare.gov](https://www.healthcare.gov) and look to see if you qualify for health insurance for this year for a special enrollment period. If you do not qualify for health insurance through a special enrollment period, you are able to enroll now for coverage on January 1. The distinction is if you need coverage between today, November 7, and the end of the year, December 31, you can go to [HealthCare.gov](https://www.healthcare.gov) to see if you qualify for the remainder of this year through an SEP. If you do not qualify, the next option would be to enroll in a plan for next year, which starts on January 1—again, enrolling by December 15. We will have an additional 30 days between December 16 and January 15 to enroll in coverage; that coverage will not start until February 1. We want to make sure that if you are looking for a plan to start on January 1, go to [HealthCare.gov](https://www.healthcare.gov). Now [HealthCare.gov](https://www.healthcare.gov), as we mentioned before, if you are not sure if your state uses [HealthCare.gov](https://www.healthcare.gov) or another platform, it is okay. Just go to [HealthCare.gov](https://www.healthcare.gov) and enter your state. If your state uses [HealthCare.gov](https://www.healthcare.gov), it will keep you on the platform. If it does not use [HealthCare.gov](https://www.healthcare.gov), it will automatically route you to your state's health insurance Marketplace, and you can fill out an application in that state.

Similarly, I talked about Medicaid. If you are unsure if your income qualifies you for health insurance through [HealthCare.gov](https://www.healthcare.gov) and you actually qualify for Medicaid, then [HealthCare.gov](https://www.healthcare.gov) will let you know after you fill out your application and input your income. It is important to go to [HealthCare.gov](https://www.healthcare.gov) and see what you qualify for. If you have looked on [HealthCare.gov](https://www.healthcare.gov) in the past and you did not qualify, we would suggest you go back and look again. This new law actually helps more people qualify for financial assistance, and more people are eligible this year. We want everyone to go into [HealthCare.gov](https://www.healthcare.gov) and take a look. We also want to say that we have a number of new plans this year. So, if you are currently enrolled in [HealthCare.gov](https://www.healthcare.gov), going in and shopping to make sure that your current plan meets your needs or if there is another plan out there that might better meet your needs. Next slide.

We have some tools, too. For those on the line today, if you all are looking to educate your peers or your classmates on [HealthCare.gov](https://www.healthcare.gov) and enrolling in health insurance, we have a couple of tools on our partner tools and toolkits. Hailey will put this website up; it is [Marketplace.cms.gov](https://www.marketplace.cms.gov). If you're looking for tools and outreach materials, that on [Marketplace.cms.gov](https://www.marketplace.cms.gov) and enrolling in health insurance is [HealthCare.gov](https://www.healthcare.gov). We will take a moment to talk about resources for you to educate your peers. We have a number of resources here. We have a reference sheet and what we call a virtual event in the box. If you were to click on this link, the event in the box link, it would take you to a number of digital publications that you can use to send around or to print and hang up around campus, advertising about [HealthCare.gov](https://www.healthcare.gov), and you can also order those; this website also allows you to order those copies. They will be shipped for free right to you on your campus, and you can hang them up as well. We have the reference sheet here, which gives everything together, and then we have a navigator contact information. We talked about enrolling through [HealthCare.gov](https://www.healthcare.gov), but there is also an option of enrolling with the help of assisters. Some of those are called navigators, and they can actually help you enroll in-person, or they may be able to come to your college campus and set up a booth or table and provide information to your campus. If you are a resident advisor (RA) and are looking for some sort of promotional event within your dorm or within your campus or if you are part of a health club or other type of club that is looking to do these wellness type projects on your campus, you can look here and contact your navigator and see if they can come to your campus and do some kind of education, enrollment or outreach event there. The Find Local Help website, which is on here as well, will provide you with any other assistance. Maybe not a navigator, but any other assistance that can help you enroll in coverage can be located there. We also have the list of Champions for Coverage, so if your school or a club at your school wants to become a Champion for Coverage, which is just a designation for organizations who are helping spread the word about healthcare.

Again, things to take away, we encourage you to look for a navigator or assister who can come to campus and help with enrollment events. The virtual event in a box is designed specifically if you want to do an event yourself, print out the materials or order them and you can do your own kind of health fair or education event about signing people up through [HealthCare.gov](https://www.healthcare.gov). Next slide. Finally, this next slide is just our key websites. So [HealthCare.gov](https://www.healthcare.gov) we talked about is also available in Spanish, the tools and resources again are [Marketplace.cms.gov](https://www.marketplace.cms.gov). Hailey put that in the chat. Find Local Help, we encourage you to check there, and the Champions for Coverage information I talked about, and finally, the contact information for your states' navigators. If your state is not a [HealthCare.gov](https://www.healthcare.gov) state and it routes you to your own state, your state will have a navigator program, a program that will be doing outreach in education as well as for your state. For example, in California, contact your state, and they will have the same resources, and they will hopefully be able to come out and educate your folks on campus as well. With that, I think I am at my time, and I will turn it over to my colleague -- one of our great partners -- Mina, from Young Invincibles. Mine?

Mina: Thank you so much, Stefanie, and thank you so much, HHS, CMS, and the Department of Education, for inviting Young Invincibles to participate in this awesome event today. My name is Mina Schultz, and I am the Health Policy and Advocacy Manager at Young Invincibles. A little bit about Young Invincibles if you are not familiar, we are a national nonprofit. Our mission is to lift the voices of young adults, 18 to 34, in the political process and expand economic opportunity for this generation. We do this in three buckets, not exclusively these buckets but primarily through the areas of healthcare, higher education, and workforce development. You might gather from our name that our background is in healthcare, and you would be right. We got our start advocating for health reform and the Affordable Care Act, making sure that legislators knew that young people do, in fact, value healthcare. They simply experience barriers to accessing affordable health coverage. We did that and continue to go that primarily through storytelling. Young Invincibles feels strongly in the power of young voices, which are often buried or dismissed by those in positions of power. By giving them the platform to share their experiences, they can have a seat at the table where decisions are being made. Next slide, please.

There are several ways we go about engaging young people to empower them to get involved in outreach about issues that matter to them. First, we meet them where they are. Like everyone else, young people moved even further online to connect with their peers during the pandemic. Young Invincibles uses extensive social media campaigns to get accurate and trusted information to young people through channels like Instagram and TikTok. During open enrollment, we use tools like Instagram lives, TikTok tutorials, and Twitter chats to provide young people with the information they need not only to get covered but to understand and use their coverage to access care. We also do on-the-ground outreach, such as tabling and a few other engaging activities that I will get to here in a minute. Great places to meet young people, which many of you are probably aware of, are campuses but also community-based organizations, and sometimes you may not think about going to leisure events like sporting events or concerts, or even bars, but that is where the young people are. When you are thinking about working with colleges and schools, we find that partnering with student health centers and school nurses is successful because these are often trusted resources for health information in the education system. Additionally, college faculty that work with future social workers or other healthcare providers are often interested in exposing their students to our outreach messages around coverage and accessing healthcare. For all of these, it is important to know that young people themselves are the best messengers. Peer-to-peer information sharing is integral to getting out messages to the communities we are targeting with our outreach efforts. If you look at YI's social media, you will see a lot of diverse young faces. I might be the Health Policy and Advocacy Manager, but our base doesn't want to hear from an oldie like me. They want someone who looks and sounds like them and shares their interests and experiences. And last but definitely not least, we need to ensure that we are incorporating cultural competency into our outreach. The best messengers are those who come from within the community themselves, and they know the language and the norms of those we are attempting to reach. Next slide, please.

Here are just a few examples of YI's tabling events in California and Texas. Most of our healthcare outreach work combines conversations about health insurance literacy and enrollment in health coverage, also with information from our generation vaxxed campaigns, which aim to provide young adults accurate and trusted information about COVID vaccinations as well. We are also incorporating health coverage, healthcare, health insurance literacy, and also COVID vaccine information as well. Next slide, please.

Here is where we get out of the box with our outreach. We had some of our amazing events here that our Virginia team has hosted, like Zumba classes and trivia nights at which we have navigators on hand, like Stefanie mentioned. These people help others enroll in coverage. We have them on-hand at these events to answer questions and enroll people on the spot. Not only do we get in exercise or have fun doing trivia, but they can also learn about healthcare coverage at these events. Next slide, please.

These are some of the messages we are highlighting during the open enrollment. I think Stefanie covered a lot of these, but these are the ones we really hit home to young people. One, if you are uninsured, now is the time to sign up. If you do not have coverage through a job or a parent or a student health plan or program like Medicaid, now is your opportunity to find alternative coverage. Many young people and people, in general, do not realize there is only one window during the year in which health coverage through the Marketplace is available, so they need to take advantage of this opportunity and not wait. You may of course, like Stefanie said, qualify for a special enrollment period the following year, but you never know what will happen, you might not. So, this may be the only opportunity to get covered for next year. If you are going to shop, [HealthCare.gov](https://www.healthcare.gov) is the place to start. Googling health insurance brings back over two billion results. That is a lot to sift through. Only at [HealthCare.gov](https://www.healthcare.gov) can you be sure you are getting all the protections included in the Affordable Care Act and maybe even qualify for the financial help that Stephanie mentioned to lower your monthly costs. These benefits are not a given if you shop elsewhere. You may even end up in a plan that won't actually covered a lot of your health care needs or leave you with a lot of extra costs, so it is really important to start looking at [HealthCare.gov](https://www.healthcare.gov). And that financial help is key. Affordability messaging is really important because the perception of unaffordability keeps young people from signing up. The messaging that was mentioned earlier, 4 out of 5 can find a plan for ten dollars a month or less, is more effective than just saying the coverage is affordable because it is more objective. They should come up with messaging that there is a new law that is making this happen. This brings new folks in who may have looked before but thought it was too expensive and now may have found that prices have changed. Having insurance brings peace of mind. You know you can get medical help when you need it, and it provides financial security that you do not have if you seek care while uninsured. And also, like Stefanie said, that deadline. We are pumping out that deadline. People continue to sign-up right on deadline day, which is fine. Whenever you want to

sign up, just get signed up. That is the most important thing. You do not want to wait until the last minute. You never know if something may come up last minute and you won't get to it. We really encourage folks to save themselves the headache and apply early. Again, the open enrollment deadline is January 15, but you do want to get enrolled by December 15 if you want that coverage to start on the first of the new year.

Then perhaps most importantly for young people is that you do not have to go at it alone. Free expert help is available almost everywhere in the U.S. These navigators and other enrollment assisters are folks in your communities, your neighbors, your family members, your friends, who are trained and certified to offer expert and unbiased answers to your questions, who can review your options with you and help you fill out an application. They can help with applications from the Marketplace coverage and Medicaid coverage. To get enrollment assistance in your area, there are a lot of resources to help you find navigators and other assisters in your community. Young Invincibles has a tool called the connector, it is located at getcoveredamerica.org. All you must do is type in your zip code and it will show you the assistance that is closest to you. Next slide, please.

Lastly, here are a couple of resources from Young Invincibles to help you with your outreach. We have a great tool kit that is available in English and Spanish with everything you need to know about the basics of what is happening with open enrollment this year, including some easy-to-follow policy updates and key messaging. We have sample social media posts and sharable graphics available in multiple languages to make posting easier. During open enrollment and also year-round, YI hosts digital events, like Twitter chats and Instagram lives to get the word out about Open Enrollment and even do a texting campaign to remind folks of the deadline to sign up. Lastly, we would like to invite everyone to participate in our annual National Youth Enrollment Day, during which we not only focus our outreach efforts on getting young people covered but also encourage and empower young people to get involved with reaching out to their peers with information about their health coverage options. This year's National Youth Enrollment Day will happen on Friday, January 13, and we will have content ready for that to share to help you all participate. We hope you will join us for that. Next slide, please. Ok, so I will put the toolkit link in the chat. If you are interested in any of these other resources or if you want to follow up on the toolkit, please do not hesitate to reach out, you have my email address right there, and we would love to work with you to get the word out about open enrollment. Thank you again to our friends at HHS, CMS, and the Department of Education for inviting us today. Jesse, I am passing the mic back to you.

Jesse: Thank you, Mina. We have a few minutes left, and we can answer some questions that are starting to come in. Once again, if you have questions, you can use the Q & A tab at the bottom of the screen and submit them that way. We are getting questions and a lot of them have to do with the open enrollment and HealthCare.gov. Especially Stefanie and Mina, you are on deck to

answer some questions. The first question is you mentioned not all states use [HealthCare.gov](https://www.healthcare.gov). Let us say I am in a state, and I do not know whether my state uses [HealthCare.gov](https://www.healthcare.gov) or not. What should I do to try to get coverage?

Stefanie: The first step is to go to [HealthCare.gov](https://www.healthcare.gov); it is a no-wrong-door approach. If you go to [HealthCare.gov](https://www.healthcare.gov), it will have you pick your state from a drop-down menu. It will redirect you to your state's online equivalent to [HealthCare.gov](https://www.healthcare.gov). Same thing, if you do not know if you will qualify for Medicaid, it will do the same thing and redirect you for Medicaid. It is a no-wrong-door approach. [HealthCare.gov](https://www.healthcare.gov) is always the first line of defense, and as Mina said, if you Google, there will be a lot of things to come up in the ads, so a first good step is [HealthCare.gov](https://www.healthcare.gov).

Jesse: Great, thank you. The next question is: you mentioned a 30-day period for people who miss the January 15 deadline to sign up for coverage. What was that? Can you say more about the 30-day period?

Stefanie: I was trying to do the math out loud. Essentially, open enrollment runs from November 1 through January 15. It is 2.5 months of open enrollment. We focus on, as Meena said, is the December 15 deadline because if you enroll in health insurance by December 15, you can start coverage on January 1. Open enrollment continues past December 15. Open enrollment continues December 16 through January 15. It will continue for the next 30 days period. But, if you sign up for health coverage during that time, between December 15 and January 15, your coverage won't begin until February 1. That means that you will not have any health insurance in the month of January. We want all our consumers to make sure that they are covered for 12 months. Making sure that you enroll by December 15 will ensure that your coverage starts on January 1.

Jesse: Thanks. I will make a request to Hailey. Can you put the link to the National Stakeholder call page into the chat? What I am talking about here is that CMS is hosting calls through the Open Enrollment period for anybody who is a stakeholder, and if you are on the call today, you are a stakeholder. To learn more about open enrollment, hear what is going on, and ask questions. The reason I am bringing this up is that we are getting questions about the recording of today's call. We need to check, I believe, to see if we can post the recording and if we do get that ok, we will post it to the National Stakeholders Call page. So, you can go to that page to find out when the next calls are coming up and to see if we can post the recording.

We have a few questions about affordability. You mentioned that plans are cheaper than ever this year. Can you go back over that point again? How the prices that a person would see if they go to [HealthCare.gov](https://www.healthcare.gov) would compare to previous years? What can they expect to find?

Stefanie: So, this year will be very similar to last year. There was a new law last year, and there is another new law this year. Both of those laws essentially increased financial help for people enrolling in health insurance through [HealthCare.gov](https://www.healthcare.gov) and their state's plans. With that, what you really need to know is that if you had been to [HealthCare.gov](https://www.healthcare.gov) maybe not last year but the year before for enrollment, anytime in the future -- sorry in the past -- not for 2021 but for 2020 and prior to that, the cost of health insurance was more than what it is now, and the new laws reduced what you will be paying per month. They are the same high-quality plans that [HealthCare.gov](https://www.healthcare.gov) has always offered. The difference is that you get more financial assistance. You pay less out of pocket, and the financial assistance helps lower that cost from the plan. That means that four out of five individuals will be able to find plans for \$10 or less a month, and some people will find plans for nothing, zero dollars a month. Again, four out of five people will find plans for \$10 or less a month, which is a lot of good savings. We encourage you to go to [HealthCare.gov](https://www.healthcare.gov) to put in your income and see what you can find and the savings that you are eligible for.

Jesse: Great, thank you, Stefanie. We have time for one last question. I will throw this one to Mina. So obviously, young people and college students, their circumstances change a lot. Let us say a person signs up for coverage in the Marketplace for 2023, but then when they graduate in May, they get a job, and it offers employer coverage. What can they do with that coverage? How do they navigate that change in their life at that point?

Mina: What is great about Marketplace plans is that you can cancel them anytime. Something to think about is that if you are graduating from college and are losing your student insurance, or if you are turning twenty-six and losing your parent's insurance, you have the opportunity for a special enrollment period, and those are usually 60 days long. So that is when you want to make sure that you have signed up for coverage through the Marketplace if you want Marketplace coverage. Like I said, you can cancel anytime, so there is no reason to wait. You might think I am graduating, but I will find a job soon, so I will wait for benefits then. But you do not have to do that. You can sign up for a Marketplace plan, get coverage in the interim, and cancel it when your employer coverage starts. It is convenient and can act as a placeholder if you need one.

Jesse: Thanks, Meena. I see one last question. Is the new large financial assistance being offered this year a one-time event? The answer is no. The Inflation Reduction Act was put in place for at least the next three years. We are talking about 2023, 2024, and 2025. With that and looking at the clock, we are out of time. In wrap, big stuff is happening around the Unwinding of the continuous coverage provisions in Medicaid. Be on the lookout for some news there. Also, we are in the midst of Marketplace Open Enrollment. Look at the screen behind me. Just a reminder of the dates again, open enrollment runs through January 15. We thank you for joining us today and for your commitment to helping people enroll in healthcare coverage, and with that, we will end today's session. Thanks, everybody.

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