



2019 Renewals and Redeterminations (Updated August 2018)

During open enrollment, consumers with current marketplace coverage have the opportunity to keep the same plan or select a new Qualified Health Plan (“QHP” or “plan”) to continue coverage in 2019. Consumers can also remain enrolled in their same plan without updating their marketplace application, so long as the plan is still available in 2019. However, those who update their marketplace application, including changes to their income or family information, may receive higher (or lower) Advanced Premium Tax Credits (APTC) and Cost-Sharing Reductions (CSR), which could impact both affordability and reconciliation. Consumers may also want to evaluate and compare available QHPs, as cost-sharing requirements and benefits may have changed from the previous Open Enrollment period.

This FAQ document applies to the Federally Facilitated Marketplace (FFM); renewal and redetermination policies in state-based marketplaces may be different.

RENEWAL FAQs

1. What is a Renewal?

Renewal, also called re-enrollment, is the process by which consumers enrolled in marketplace coverage in 2018 renew their coverage for 2019. Consumers can actively re-enroll in their coverage by updating their information and selecting either the same plan or choosing a new plan. If consumers take no action, though, they can still be automatically (passively) re-enrolled in their same plan if it’s still available on the marketplace. However, if their 2018 plan will be unavailable in 2019 they will be automatically enrolled in a similar plan from the same or different insurer.

2. What is the Renewal Process for 2019?

The 2019 renewal process is designed to keep as many individuals enrolled in coverage as possible. Consumers who do nothing during open enrollment will be automatically (passively) re-enrolled in their current plan, unless their plan is unavailable in 2019. If their plan will be unavailable next year, consumers may be auto-enrolled in a different plan, either from the same or a different insurer, according to the rules outlined below. Additionally, consumer will receive a notice from their insurers about their re-enrollment.

3. What Happens if a Consumer’s Plan is Not Offered in 2019?

If a consumer’s 2018 plan is unavailable in 2019, they will be automatically renewed into a similar plan from the same insurer according to the following rules ([45 C.F.R. 335\(j\)](#)), unless their insurer is exiting the marketplace:

1. If a plan in the same metal level (e.g., Silver) is available, the insurer will enroll the consumer in that plan.
2. If a plan within the same metal level is not available, the insurer may enroll the consumer into a plan that is one metal level higher or lower than the consumer's under the same product (i.e., an HMO or PPO). However, if the consumer is currently enrolled in a Silver level plan, they will be re-enrolled in a Silver level plan under a different product offered by the same QHP issuer that is most similar to his or her current product.
3. If a plan in the same metal level is not available and a plan up or down a metal level is not available, the insurer may enroll the consumer in any other plan offered under the same product, which may include a plan outside the marketplace. While this situation is rare, consumers could lose CSRs or APTCs (if moved out of the marketplace).

4. What Happens if a Consumer's Insurer is Exiting the Marketplace in 2019?

If no plan from the same insurer is available through the marketplace, the marketplace will automatically enroll the consumer into a plan from a *different insurer* that has a service area that covers the consumers' location, taking into account the insurer's ability to absorb new enrollment and the lowest premium plan. The consumer will then be auto-enrolled in a hierarchy similar to the one above, except the marketplace will prioritize re-enrollment into a plan one metal level *lower* than their current plan before re-enrolling them in a higher metal level.

Remember that consumers are under no obligation to enroll in the alternate plan suggested by the marketplace, and any consumer who is auto-enrolled can still change plans during open enrollment. Consumers whose plans will be discontinued in 2019 also get a [special enrollment period \(SEP\) based on loss of minimum essential coverage \(MEC\)](#). They can [opt-out of auto-enrollment](#) on their HealthCare.gov application or even if they are passively re-enrolled, they can apply for the SEP and chose another plan during the SEP period..

5. What is the Effective Date for Coverage after Renewing?

For consumers whose coverage is automatically renewed during Open Enrollment Six, the effective date is January 1, 2019. Here is how it will work:

Selection Date	Effective Date
Nov. 1 – Dec. 15, 2018	Jan. 1, 2019

6. What Notices Will Consumers Receive About Renewals?

Consumers will receive a notice from their insurer that will provide information on the availability of their plan, any changes to cost and benefits for the upcoming plan year

and notification if their existing plan will not be offered on the marketplace in 2018 (for 2019 coverage). See below for more info on notices.

REDETERMINATION FAQs

1. What is a Redetermination?

A redetermination provides consumers with an updated eligibility determination, which will include recalculated APTCs and CSRs.

2. What is the Redetermination Process for 2019?

For the 2019 plan year, the marketplace will automatically redetermine consumers' APTC and CSR based on either a consumer's 2017 tax data OR the information on their application (whichever is more recent), along with 2019 second lowest-cost Silver plan and [2018 Federal Poverty Level amounts](#). It is important to encourage consumers to return to the marketplace and update their information so their redetermination is based on the most accurate information possible.

In certain circumstances, APTC and CSR will not be redetermined. This occurs if the consumer is in one of the following groups:

1. **Opt-Out Group:** the consumer did not authorize the marketplace to request updated tax data;
2. **Above Income Group:** the consumer's 2017 tax data shows a household income of 500% FPL or higher;
3. **Failure to File or Reconcile Group:** IRS has informed the marketplace that the consumer received APTCs in 2017 but the tax filer(s) did not file taxes and reconcile APTC for 2017; or
4. **Repeat Passive Re-Enrollee Group:** the consumer was automatically re-enrolled with APTC and CSR for 2017 and 2018, did not submit an updated marketplace application, and did not file taxes that would provide the IRS with information on their income for those plan years.

In these situations, the consumer's current QHP (if available) will be renewed for 2019, but without APTC/CSR until the consumer updates his income data and is re-determined eligible.

3. What Notices Will Consumers Receive About Redeterminations?

In addition to notices from issuers about renewals, consumers will receive [one of four types of notices](#) from the marketplace about redetermination of their APTC (if applicable). All notices will include information on Open Enrollment and coverage dates,

will strongly encourage the consumer to return to the marketplace and update their information, and will give the appropriate steps for the consumer to remedy their situation.

- The first type of notice will be sent to consumers who are currently enrolled in a Marketplace plan and are eligible to receive APTC. They have authorized the marketplace to request updated data related to income and household size and/or tax data and are determined income eligible. The notice asks these consumer to update their marketplace application in 2018 for plan year 2019.
- The second type of notice will be sent to consumers who are currently enrolled in a Marketplace plan and may be eligible to receive APTC. However, these consumers either fall into the “**opt out group**,” the “**above income group**,” or the “**failure to file or reconcile group**” (described above under ‘2. What is the Redetermination Process for 2019?’). The notice describes appropriate action steps for each group to obtain or retain coverage and financial assistance.
- The third type of notice will be sent to consumers who fall into the “**repeat passive re-enrollee group**” (described above under ‘2. What is the Redetermination Process for 2019?’). As a result, their APTC will end on December 31, 2018, unless they return to the marketplace during Open Enrollment, update their marketplace application, and receive a new determination that they are eligible for APTC for plan year 2019.
- The fourth type of notice will be sent to consumers who are currently enrolled in a marketplace plan, and who do not receive APTC. This includes consumers who did not apply for APTC, consumers who applied but were determined ineligible, and consumers who applied and were determined eligible but did not choose to utilize APTC. This notices asks these consumers to update their marketplace application to see what assistance, if any, they qualify for.

ADDITIONAL RESOURCES

- [Guidance on Annual Redeterminations and Re-enrollments for Exchange Coverage for 2019](#)
- [Guidance on Annual Eligibility Redetermination and Re-enrollment for Exchange Coverage for 2019 and Later Years](#)
- [Auto Re-enrollment for QHPs no longer available in the Marketplace: External FAQs](#)
- [Updated Federal Standard Renewal and Product Discontinuation Notices](#) (2016)
- [CMS Assister Newsletter, October 30, 2016](#)
- [45 C.F.R. 155.335\(j\)](#) - Annual Eligibility Redetermination
- [45 C.F.R. 147.106](#) and [45 C.F.R. 148.122](#) - Guaranteed Renewability