



A Consumer Perspective on the Health Benefits Exchange in Ohio

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What is an Exchange?

- HHS: Health Insurance Exchanges [are] marketplaces that will allow you to compare plans in your state based on price and quality. When fully implemented in 2014, they'll be a "one-stop" shop to find and compare affordable, quality health insurance options.



Two Views of the Exchange



- Website

An entity to transform
the health care
delivery system

Exchange as Active Purchaser



Ohio Consumers for Health Coverage Principles to Guide an Exchange

1. Governance should be by an independent entity within the state government.



State
Agency

Independent Public
Entity within State
Government

Non –
Profit
Private
Agency

California
Colorado
Massachusetts



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Principles to Guide an Exchange

2. There must be a strong conflict of interest provision.

Colorado: A member of the Board shall not perform an official act that may have a direct economic benefit.

California: Insurance carriers, brokers and providers excluded from serving on the board of the exchange



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3. There must be a choice of high quality health plans.

Colorado: All plans welcome

Colorado: Requires Board to consider unique needs of rural Coloradans and consider affordability and cost in the context of quality of care and increased access to purchasing health insurance.



Ohio Consumers for Health Coverage Principles to Guide an Exchange

4. Plan selection in the Exchange should improve health system performance.

Massachusetts: limits plans in Exchange

Colorado: Prohibited from engaging in the active purchasing of insurance

California: Intent of law to strengthen the health care delivery system. Will use competitive processes to selected participating carriers.



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Principles to Guide an Exchange

5. There must be strategies to protect against adverse selection

An Exchange can take these actions on plans OUTSIDE the Exchange to avoid adverse selection:

- Prohibit marketing practices and benefit designs that discourage high risk enrollees.
- Include sufficient number of in-network providers.
- Include essential community providers.
- Require HEDIS accreditation.
- Implement Quality Improvement Strategy.
- Implement activities to reduce health disparities.
- - Jost, T.S., Commonwealth Fund “Health Insurance Exchanges and the Affordable Care Act: Eight Difficult Issues,” September 2010 (partial listing)



Ohio Consumers for Health Coverage Principles to Guide an Exchange

6. There must be seamless integration between Medicaid and private plans

NAIC Model Act: The Exchange shall:

...inform individuals of eligibility requirements for the Medicaid program ..., the Children's Health Insurance Program (CHIP)... or any applicable State or local public program and if through screening of the application by the Exchange, the Exchange determines that any individual is eligible for any such program, enroll that individual in that program;



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Principles to Guide an Exchange

7. There are consumer navigators rooted in diverse communities.

NAIC Model Act:

- Conduct public education activities.
- Distribute fair and impartial information re enrollment and tax credits for small business.
- Facilitate enrollment in qualified health plans.
- Provide referrals to applicable office of health insurance consumer assistance or other appropriate agency for grievance.
- Provide information in a manner that is culturally and linguistically appropriate.



Ohio Consumers for Health Coverage Principles to Guide an Exchange

8. There must be transparency and accountability to consumers.

NAIC Model Act: “The intent of the Exchange is to reduce the number of uninsured, provide a transparent marketplace”

California: Board requires plans to submit justifications for premium increase prior to implementation and post to their web sites

Colorado: Requires Board to consider unique needs of rural Coloradans and consider affordability and cost in the context of quality of care and increased access to purchasing health insurance



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