

## Message from the President and CEO

May 21, 2013

Dear Nonprofit Partners:

Over the past three years, we have heard references to the Health Insurance Exchange, Health Benefits Exchange, State Health Exchange, Federally Facilitated Exchange and now—drum roll, please—the *Health Insurance Marketplace*. All of these terms refer to the same thing—an online portal for individuals currently without health insurance to find an insurance plan that is right for them and their families. I recently participated in a conference call hosted by Health and Human Services that provided more details on this new tool.

Beginning October 1, 2013, uninsured individuals and families will be able to use the Health Insurance Marketplace to shop for health coverage plans that will begin on January 1, 2014. Consumers will be able to fill out an online application (about 3 pages in length) and see a range of policy options. Paper applications also will be available for those without access to computers or who need additional help completing the application.

Based on an initial preview of the application, it seems streamlined and straightforward, although it has not been fully tested. In most cases, consumers should need only a Social Security Number and a pay stub or a W-2 to complete the process. You can view a sample Individual Short Form:



[http://cciio.cms.gov/resources/other/files/AttachmentB\\_042913.pdf](http://cciio.cms.gov/resources/other/files/AttachmentB_042913.pdf)

As is the case with any introduction of a new technology, there are likely to be glitches at the start. Even so, with the online marketplace, consumers will finally have the opportunity to shop for health insurance—something everyone needs but most rarely understand—packaged in an electronic form much like the online tools consumers already use to shop for household appliances, cars, and other products and services.

The marketplace will present coverage plans that meet federal requirements and are approved by the respective states. Consumers will see side-by-side comparisons of the available coverage plans, with their benefits, deductibles, out-of-pocket costs and provider networks. The marketplace will be able to screen consumers to determine if they are eligible for their states' Medicaid and Children's Health Insurance Plan. Tax credits that can help pay for premiums (which may translate into tax refunds for some low-income consumers) also will be automatically determined.

Kansas and Missouri will have federally-facilitated exchanges. This means the federal government will be responsible for the technology and infrastructure for the exchanges in our two states, determining

the minimum benefits necessary for private insurers to be “certified” to offer their products, and connecting consumers with people in their state who can help them navigate the system. The Departments of Insurance in Kansas and Missouri will still determine which plans will be licensed to operate based on current state laws.

It is hard to predict how smoothly the launch of this system will go. With the launch of the marketplace just a few months away, there remains a lot of confusion about this tool and how it will work. Therefore, we recognize that our health and human service organization partners will play a key role in educating their staffs, volunteers and clients so that eligible individuals and families can sign up for coverage.

Agents and brokers licensed to practice in Kansas and Missouri will continue to have a role in helping their clients determine which insurance plan is right for them. Insurance carriers can still pay commissions to the agents and brokers who represent their plans and to employers who engage them to assist with their benefits plans, just as they always have done.

In addition, a new cadre of “assistors,” called *navigators* and *certified application counselors*, will be trained by the federal government during the summer to guide consumers through enrollment using the exchange. Unlike private agents and brokers, navigators and certified application counselors cannot accept payment from insurance companies or plans. Their role is to help people assess their coverage options and affordability, not to sell a particular product.

Last month, federal officials announced the availability of \$54 million in navigator grants to 33 states that are operating Federally Facilitated Exchanges to help consumers become aware of and use the marketplaces. Kansas will receive a maximum of \$600,000; Missouri will be eligible for \$1.3 million. The deadline for these grants is June 7, and awards will be announced in August, coinciding with the launch of the navigator training. In addition, federally qualified health centers will receive additional funding to help their patients enroll through the marketplace.

A call center and live web services staffed by certified application counselors also are expected to launch at the end of June, and will be available in English and Spanish. Speakers of other languages will be offered language line services.

So how can the Greater Kansas City region’s health and human service providers and advocates help their clients and patients learn more about the marketplace?

**Here are a few options we are exploring at REACH:**

- Send one or more of your employees to training to become navigators or certified application counselors once the training becomes available.
- Host one or more informational sessions for your staff, volunteers and clients on the Health Insurance Marketplace.

- Include a column in your newsletter, e-news, or website directing your stakeholders to the new Health Insurance Marketplace website <http://marketplace.cms.gov/>.
- Use social media to share information and the link to the marketplace website.
- Post information about the coming changes in your clinics and agencies.
- Provide talking points to your staff and providers to share with their patients or clients as part of the services they are receiving from your organization.

Given the scale of this process, the initial roll-out of the Health Insurance Marketplace will probably encounter some challenges. As you face problems you can't resolve, be sure to provide feedback to the Centers for Medicaid and Medicare Services (CMS) [http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF\\_HealthInsuranceMarketplace.html](http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_HealthInsuranceMarketplace.html).

CMS will need to hear from all of us to make the new marketplaces a true success—ensuring that all eligible Americans have access to affordable, quality health coverage.

*Brenda R. Sharpe, President and CEO*

### **Additional Reading:**

The Center for Consumer Information and Insurance Oversight (CCIIO) is charged with helping implement many provisions of the Affordable Care Act. In late April, CCIIO released answers to some of the most [Frequently Asked Questions](#) (FAQs) related to exchanges, as well as some of the new market wide reforms, including the [modified community rating standard](#), the status of state [high risk pools](#), and the definition of [association health plans](#).

**Fact Sheet:** [Navigators: Guiding People Through the Exchange](#), Community Catalyst

### **State Exchange Profiles: Kansas**

<http://kff.org/health-reform/state-profile/state-exchange-profiles-kansas/>

### **State Exchange Profiles: Missouri**

<http://kff.org/health-reform/state-profile/state-exchange-profiles-missouri/>