



## **Consumer Friendly Marketplace Should be Goal of Ohio's Exchange**

One way the Affordable Care Act seeks to help individuals and small businesses access quality health insurance is through state-based Exchanges. An Exchange is a health insurance marketplace that allows individuals and small businesses to join together to negotiate for insurance premiums and discounts the way larger companies do. Developing an Ohio-specific health insurance marketplace can encourage insurance companies to compete for consumers' business resulting in better health care options, more choices, and greater control for Ohioans.

As Ohio begins the process of establishing its health insurance Exchange, or marketplace, the number one goal should be to provide all Ohioans with easy access to quality, affordable health coverage. To achieve this goal, it is critical that individual and small business consumers are represented in the planning, governance, and evaluation of the marketplace.

In order to ensure a consumer-friendly marketplace, Ohio Consumers for Health Coverage (OCHC) recommends several key principles be incorporated into the Ohio model.

1. Governance should be by an independent entity within state government with representation from stakeholders, including consumers and small businesses, and experts such as actuaries or health economists.
2. Governance policies should include strong conflict of interest provisions that will allow the governing body to benefit from the expertise of those associated with the insurance industry while precluding or limiting them as voting members on the board.
3. The marketplace needs to provide consumers access to both statewide and regional high quality health plans.
4. The marketplace must select or include plans that will result in improving health system performance.
5. The marketplace should adopt strategies to prevent adverse selection so consumers have improved choices of quality plans especially for increasing numbers of Ohioans with chronic health conditions and no employer-based insurance. Ohio should require plans sold outside the Exchange to follow the same rules as those sold inside the Exchange.
6. Integration between Medicaid and private plans sold in the marketplace must be seamless and include easy transfer back and forth when eligibility changes.
7. The marketplace should include community-based navigation which is critical to connecting ethnically and geographically diverse communities with coverage options.
8. The marketplace needs to ensure transparency and accountability to consumers. Information and plan comparison should be easy to understand and communication must be culturally appropriate.

As we approach 2014 when nearly all Ohioans will be required to have health insurance, we need to carefully develop the Exchange to assist individuals and small businesses in finding high quality, affordable coverage options.

*For more information, contact Ohio Consumers for Health Coverage,  
Cathy Levine, co-chair, 614-456-0060 or Col Owens, co-chair, 513-300-3042.*

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