

Serving A Public Good: Principles for Maryland’s Health Benefit Exchange

All Marylanders lead healthy and productive lives that include access to high-quality, affordable and comprehensive health care.

Advocates for Children and Youth, Baltimore HealthCare Access, Healthy Howard, Inc., the Maryland Citizens’ Health Initiative, the Maryland Women’s Coalition for Health Care Reform, Primary Care Coalition, and the Public Justice Center propose for the Health Benefit Exchange Board’s consideration the vision statement above. To underscore that, we propose the following guiding principles to serve as benchmarks for its future decision-making.

I. The Exchange Serves a Broad Public Good				
Description	Operating Model	Finance & Sustainability	Navigator & Enrollment	SHOP
To achieve that promise its policies & practices shall go beyond the minimum required by the ACA as necessary to achieve the goals of the Maryland Health Benefit Exchange. And, in so doing will adhere to federal & state laws & regulations, including anti-	Create a first-class consumer experience with a competitive marketplace offering consumers a range of appropriately affordable & high-quality options that meet their needs, including those for providers.	Provide stable, reliable, & predictable revenues that reflect the Exchange’s public service imperative with the understanding that its benefits accrue to all who participate in the Exchange.	Ensure maximum enrollment in the Exchange & SHOP through consumer-directed & pro-active communications, outreach & education efforts, to include those by navigators (brokers, community-based organizations, etc.) [Also	Implement strategies that encourage participation in the Exchange and SHOP through the equality of QHPs, benefits packages, and other financial tools within and outside it.

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discrimination statutes, & timetables.			applies to SHOP].	
	Certify Qualified Health Plans (QHP) that promote affordability and access to care; efficient and effective delivery systems; reduced churning, portability and continuity of care .	Ensure that the budget and appropriations reflect sufficient flexibility to respond to variability in the Exchange from its start-up operations to a period of greater certainty after several years of operation.		Maximize employer and employee participation in the SHOP with the streamlining of administrative procedures. (i.e. premium aggregation)
	Promote scale and stability through the structuring of the Exchange in its start-up years.	Economies of scale shall be reflected in the administrative structure; This shall include the combining of the operations of the individual and small group markets – for example with the IT eligibility & enrollment systems.		Provide Employee Choice as a means to differentiate the SHOP Exchange from the private market offerings outside while providing appropriate options for employees and value for employers.

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	The Exchange shall use technology in the most effective and efficient way possible.			Create a level playing field between small and large businesses to encourage competition and affordable options for small employers and their employees.

II. The Exchange Serves Consumers First

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In all decision-making the first obligation is to those eligible to purchase health care coverage through the Exchange. Therefore, all decisions must be evaluated based upon their impact on this	A competitive marketplace with affordable, high-quality options shall be the goal of the Exchange.	Financing strategies shall support the public service imperative, and reflect the benefit that will accrue to all those who participate in the Exchange.	The Exchange shall ensure that: (1) the first obligation of <u>all</u> navigators is to the consumer ; (2) outreach strategies are pro-active and creative and that they (a) blend traditional communications and	Exchange policies shall promote appropriate options to encourage: (1) Employees to make care decisions on health coverage and care that are right for them; (2) Employers to participate in the

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population.			media approaches with newer approaches using social media tools and related strategies to reach the broadest complement of the Exchange-eligible population and (b) connect with hard to reach populations, in their communities at places they are likely to frequent (i.e. places of worship, grocery stores; schools; etc.).	Exchange while ensuring that they provide employees' with choices that serve their individual needs including those of portability and continuity of care.
	Certification of qualified health plans (QHP) with comprehensive benefits packages shall be determined based on: (1) The level of quality and affordability they offer to consumers; (2) The comprehensiveness of the care they provide in meeting individual health care needs of consumers; (3) Their ability to minimize	Financing policies and practices shall be transparent and conducted in a manner that promotes accountability.	The Exchange's Navigator Program shall ensure a culturally competent and linguistically appropriate : (1) enrollment experience that includes: (a) information on all public & private coverage options, including eligibility income calculations; (b) multi-	

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	the churning effect at both the plan and provider level.		lingual written materials, as well as experienced individuals or community-based organizations with the capacity and training to provide verbal and cross-culturally sensitive guidance on the means to access appropriate coverage and care; and (2) tools, information and support to empower consumers to make health care decisions that are right for them.	
			The Exchange and SHOP shall administer a Navigator program that ensures consumers: (1) obtain unbiased, accurate and comprehensive information on all available QHP options, benefits, and providers; (2) additional consumer	

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			<p>assistance resources as required; and (3) that consumer health information is protected according to applicable privacy laws.</p>	
			<p>Seamless enrollment processes using a “no wrong door” approach with an integrated Exchange, Eligibility and Enrollment IT system that supports consumers, navigators and all enrollment workers throughout the state. This shall include a regular evaluation process to ensure its effectiveness.</p>	

III. The Exchange is accountable & transparent

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<p>The Exchange is: (1) accountable to the public and other stakeholders by providing a trusted marketplace for affordable, high-quality health insurance for Marylanders, and (2) transparent in its operations for all those participating in it and for the public at large.</p>	<p>Information relating to the administration and operation of the Exchange is available in a variety of ways that are accessible to consumers, stakeholders and the public at large. As one element of this, use technology in an effective & efficient way.</p>	<p>All operations of the exchange shall be carried out in the most efficient and effective way possible, shall be transparent and promote accountability.</p>	<p>All navigators (community-based organizations, brokers, etc.) will be accountable to the Exchange and responsible for ensuring that their operations are open and transparent.</p>	<p>The SHOP Exchange shall be accountable to all those in the small business community (employers and employees) who choose to participate.</p>
	<p>Timely, accurate and comprehensive collection of data, including for QHPs and delivery systems, and its analysis drive decision-making. Data shall at a minimum include: age, gender, geographic location, sexual identity, race, ethnicity, primary language, and disability status.</p>		<p>The Exchange shall ensure that all eligible Marylanders are aware of federal subsidies and tax credits for Exchange products, as well as public programs.</p>	<p>The SHOP Exchange shall be transparent in it all of its operations.</p>
	<p>Support a process in the Exchange and SHOP that allows all stakeholder voices, including those in minority-owned businesses, to be heard in the decision-making process.</p>		<p>Eligibility and enrollment processes, including IT systems, shall be regularly evaluated to ensure they meet the goals of transparency and accountability.</p>	

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	Develop strong regulatory rules for private insurers that apply equally both inside and outside the Exchange.			

IV. The Exchange promotes health equity

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<p>The Exchange shall be administered in a way that works to reduce health disparities through a focus on measurable improvements on health outcomes that align with other State initiatives.</p>	<p>Decision making at all levels and for both the SHOP and Exchange will be driven by the analysis of timely, accurate and comprehensive data, including for QHPs, delivery systems, etc. Data shall include: gender, geographic location, sexual identity, race and ethnicity.</p>	<p>Financing strategies shall support the public service imperative and the goal of reducing disparities while reflecting the benefit that will accrue to all those who participate in the Exchange and the public at large.</p>	<p>Promote health literacy through proactive and creative outreach strategies that: (1) blend traditional communications and media approaches with newer approaches using social media tools and related strategies to reach the broadest complement of the Exchange-eligible population, particularly minority populations; (2) connect with hard to reach populations, in their communities at places they are likely to frequent (i.e. places of worship, grocery stores; schools; etc.).</p>	<p>Exchange policies shall promote appropriate options to encourage: (1) Employees to make care decisions on health coverage and care that are right for them; (2) Employers to: participate in the Exchange while ensuring that they provide employees' with choices that serve their individual needs including those of portability and continuity of care.</p>
	<p>Collaborate with state public health leaders and others to support and reinforce current and future</p>	<p>Financing strategies should be designed with minimal impact on</p>	<p>Implementation of No Wrong Door to facilitate ease of access to all public programs</p>	

IV. The Exchange promotes health equity

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	initiatives to reduce health disparities, to include the State Health Improvement Process (SHIP).	consumers and particularly those under 400% of FPL.	required by individual consumers.	
			Eligibility and enrollment processes , including IT systems, shall be regularly evaluated to ensure they support the goal of health equity and meet the needs of consumers.	

V. The Exchange embraces a culture of coverage that leads to a “culture of care.”

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A health insurance card is not sufficient to ensure access to the full range of appropriate health services. Therefore, the Exchange, in its decision-making, shall incorporate strategies to	Foster innovative models to provide high-value coverage with appropriate benefits that meet the the full range of	Funding strategies shall support full access to care , not just enrollment in insurance	Provide appropriate tools to empower consumers to make health care decisions about coverage and care that are right for them.	Strategies shall ensure that affordable, high-quality insurance coverage and care supports the ability of

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provide its members with such access.	health needs of individuals, families and small businesses.	coverage.		employees to make informed decisions.
	Promote continuity of care with strategies that promote portability of insurance for those moving from one job to another.		The Navigator Program shall ensure that navigators are equipped to deal with differing levels of health literacy .	
	QHP certification and other strategies shall ensure access to appropriate and adequate health work force to provide for comprehensive care.		Education of potential enrollees shall include not only insurance programs, but also how to get access to care.	
			Create a culture of coverage with an eligibility & enrollment workforce in all relevant agencies & departments that is fully prepared and engaged in the process with evaluative processes to ensure on-going functionality .	

VI. The Exchange models a seamless interface through inter-departmental and agency cooperation

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<p>Ensure that the Exchange and SHOP operate in the most efficient and effective way possible. The Exchange Board shall facilitate, in cooperation with the Office of Health Care Reform, a collaborative and cooperative decision-making process that includes all departments and agencies to include: DHMH and Local Health Departments; DHR; Department of Labor; Office of the Attorney General; Maryland Insurance Administration; Comptroller; etc.</p>	<p>Support the adoption of seamless enrollment and “no wrong door” eligibility and enrollment IT systems, policies and procedures, for example, income verification, through inter-departmental and agency cooperation to serve the consumer.</p>	<p>Economies of scale shall be reflected in all administrative structures to include the combining of the operations of the individual and small group markets.</p>	<p>The Exchange’s Navigator Program shall build upon current successful programs, including outreach, education and enrollment.</p>	<p>The SHOP shall operate in a manner that facilitates effective and efficient coordination of operations with the Exchange and other agencies and departments to ensure that needs of consumers are met.</p>