DRAFT – Key messages about Exchange

1. It's the law-of-the-land that each State will have a fully operational Health Benefits Exchange by January 1, 2014. *This means that eligibility determinations and plan enrollment must begin in October 2013.* If a State does not elect to operate it's own Exchange, the Federal Government will run an exchange in that State. Arkansas must be prepared to advocate the best Exchange solution for Arkansans.

2. The purpose of a Health Benefits Exchange is to help get everyone insured. The Exchange will provide a trusted, easy-to-use marketplace where individuals, families, and small businesses can quickly compare affordable, quality health insurance coverage plans and enroll in a plan that best meets their needs. Access to the Exchange must include a variety of methods beyond the primary, web-based system, including phone, mail, and walk-in. *The DHHS certified Exchange will determine federal tax credits and other cost reductions, notify the eligible consumer of what costs will be for coverage and out-of-pocket expenses, and enroll consumers in the plan of their choice. The Exchange is the only way for income eligible individuals, families, or small businesses to access tax credits, other cost reductions, or Medicaid.*

3. With increased health plan coverage among our population, we can expect improved health outcomes, decreased uncompensated care, and decreased health-related financial risks for individuals and small businesses.

4. The increased size of insurance risk pools and decreased administrative costs due to efficiencies of scale are expected to lower the insurance premium costs for individuals, families, and small businesses. This will give individuals and small businesses the advantages that large businesses enjoy in purchasing insurance. *It will be important that the Exchange Entity and Health Insurance Industry providers establish reasonable cost-sharing for sustainability. See also 5 below.*

5. Effective collaboration and cost sharing will be key to Exchange success and sustainability. This will require genuine public-private collaboration, especially among the Exchange entity, private insurance carriers, Medicaid and other State programs, insurance producers and navigators, small business owners, health-care providers, and others. Collaboration will result in shared information, resources, and services, such as outreach, education, enrollment/re-enrollment, and consumer complaint resolution services. This will mean key organizations must broaden their expertise and knowledge-base. *Collaboration will require a shared vision, trust-building, acquisition of new knowledge and skills, and being a leader sometimes and follower sometimes.*

6. Messages to consumers will need to come later.

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