



# The State-based Marketplaces: A Focus on Innovation, Flexibility, and Coverage

*Christina Cousart, Trish Riley, and Tess Shiras*



## One-Stop Approach to Coverage

The ACA has a two-pronged approach to enable improved access to affordable coverage:

- States have the option to expand Medicaid programs to all qualifying individuals under 65 with income up to 138 percent of the federal poverty level (FPL);
- Individual between 100 and 400 percent FPL are eligible for subsidies, known as advance premium tax credits, to assist with the cost of purchasing coverage through health insurance marketplaces.

Marketplaces must, at minimum, assess eligibility for either program, serving as a “one-stop shop” for consumers seeking coverage, regardless of the program.

All SBM states, except Idaho, opted to expand Medicaid contributing to the success of these marketplaces in their large reductions in rates of uninsured.

One of the central elements of the Affordable Care Act (ACA) is to establish “one-stop shopping” through health insurance marketplaces allowing consumers to find and access affordable, high-quality health coverage either through private health insurance, and the subsidies available for those who qualify, or through Medicaid. The ACA and related regulations define a spectrum of marketplace models that can be operationalized: the State-based Marketplace (SBM), where states assume all responsibility for operation and maintenance of a marketplace; the State Partnership Marketplace (SPM), where states assume responsibility for plan management and/or consumer assistance and the Federally-Facilitated Marketplace (FFM) performs remaining functions; and the FFM, in which all marketplace functions are performed by the federal government.

In the wake of the U.S. Supreme Court’s recent decision in *King v. Burwell* affirming the availability of federal subsidies to states opting to use the FFM model, there is growing interest in state and federal marketplace options and performance. While states implementing both the FFM and SBM model had to overcome hurdles in building and managing multifaceted IT platforms, both are making significant progress in meeting the ACA’s coverage and access goals. However, the advancements and opportunities of SBMs are not as well known as the challenges state and federal marketplaces have faced. This paper seeks to explore and highlight early developments in states that have implemented the SBM model.

Sixteen states and the District of Columbia<sup>1</sup> operate a SBM, and have enrolled twenty-eight percent of individuals (over 2.8 million people) through a health insurance marketplace.<sup>2</sup> States that pursue the SBM model have significant opportunities to meet the unique needs of their diverse populations. Experience from the first two years of open enrollment shows promising results for these states in coverage, innovation, and flexibility. SBMs are uniquely positioned to coordinate with state agencies, develop tailored IT systems and educational campaigns that meet the needs of local consumers, and collect and use local enrollment data and consum-

## 11 States with Greatest Decrease in Uninsured

Eleven states with the greatest decrease in uninsured populations. Listed in order of highest to lowest decreases:

1. Arkansas (SPM)
2. Kentucky (SBM)
3. Oregon (SBM)
4. Washington (SBM)
5. West Virginia (SPM)
6. California (SBM)
7. Connecticut (SBM)
8. Colorado (SBM)
9. Maryland (SBM)
10. Montana (FFM)
11. New Mexico (SBM)

er feedback to drive improvements. Furthermore, SBM states are supporting insurance market reforms intended to promote care and cost improvements across the health care system. In completing this work, SBM states are serving as laboratories of innovation, testing new models for systems, enrollment, insurance market oversight, and consumer engagement.

## SBM States Have Achieved Larger Decreases in Uninsured Rates and are Documenting Lower Spending on Uncompensated Care:

SBMs represent 8 of the top 11 states with the greatest percent decreases in uninsured populations.<sup>3</sup> All eleven states, except for Montana (an FFM state), also expanded Medicaid. Kentucky reduced their uninsured rate by more than half, from 20.4 to 9.8 percent. Connecticut saw a similar decline, seeing a decrease in its rate from 12.3 to six percent. Oregon and Washington State experienced nearly 40 percent declines with 39.7 percent and 39.9 percent declines, respectively.<sup>4</sup> Additionally, an independent report conducted by the State Health Access and Data Center finds that Minnesota's rate decreased by slightly more than 40 percent.<sup>5</sup>

The reduction in uninsured rates due to the ACA is impacting health care system costs. A recent report issued by the Office of the Assistance Secretary for Planning and Evaluation estimates that uncompensated care costs for hospitals dropped by approximately \$7.4 billion in 2014—a 21 percent reduction in uncompensated care spending.<sup>6</sup> Reports from the Washington State Hospital Association (a SBM state) have documented a 44 percent decrease in uncompensated care and a 47 percent decrease in hospital “bad debt” in 2014.<sup>7</sup> California data indicate that marketplace enrollees were twice as likely as uninsured individuals to have had a check-up or preventive care visit,<sup>8</sup> which studies suggest can be linked to improved cost-effectiveness of care and, in some cases, cost savings.<sup>9</sup>

## SBMs are Coordinating Across State Agencies:

The ACA requires marketplaces to use a single streamlined application to determine eligibility for Medicaid or cost-sharing reductions and to coordinate with public programs on enrollment processes. SBMs are uniquely positioned to work one-on-one with their states' Medicaid programs to create a seamless eligibility and enrollment experience, through coordination with integration of programs. This includes everything from coordination on outreach strategies to full integration of program eligibility systems.



More than 3.8 million individuals were found eligible for Medicaid through the SBM states that expanded Medicaid (roughly 233,000 per state). This is more than four times the number of individuals enrolled through FFM states that expanded Medicaid (approximately 50,000 per state).<sup>13</sup> Improved coordination and increased integration of marketplace and Medicaid eligibility and enrollment systems may have aided SBM states to determine eligibility in a greater number of cases, on average, than in FFM Medicaid expansion states. California was a significant driver of SBM figures with over one million individuals newly determined eligible for Medicaid through their marketplace. However, even factoring out California, the SBM Medicaid expansion states determined, on average, 3.5 times more individuals eligible for Medicaid when compared with their FFM Medicaid expansion counterparts.<sup>14</sup>

### **SBMs are Furthering IT System Innovations and Improving Consumer Enrollment Experience through Advanced Technology:**

Building the technology underlying the SBMs has required a significant up-front investment of resources. With the build of ambitious and complex systems, tight timelines, and a limited pool of capable vendor expertise, several SBMs encountered challenges in the design and implementation of their technology. Some SBM states (Hawaii, New Mexico, Nevada, and Oregon) have opted to use the FFM technology platform instead of their own, with other states considering a similar option. However, those that have retained their own systems are tailoring and improving their systems to serve consumers, improve efficiencies, stay on the cutting edge of new innovation. For example, Connecticut is analyzing how to use a cloud-based solution to replace its traditional data center infrastructure to realize greater flexibility and lower cost. Additionally, the state's marketplace is mobile-friendly, consistently receiving 30 percent of its online traffic from a mobile App. This local control also facilitates the ability of the marketplace to be nimble in response to consumers and state program needs, including coordination across state

agencies and programs.

Several SBMs have embedded consumer support tools to aid in the online shopping experience. California and Washington State's systems have the ability to sort and filter plans based on premiums, deductibles, and out-of-pocket costs. A built-in questionnaire assists consumers with selecting appropriate filters and helps them search for specific providers. State-specific branding and resources available through a SBM also help attract and retain consumers from diverse social and political communities that may be unique to that state. Maryland is building new features into its marketplace technology to allow consumers to shop for coverage across stand-alone dental plans; in California, consumers can access the state's website and identify out-of-pocket costs associated with various plan options. State-specific branding and resources available through a SBM also help attract and retain consumers from diverse social and political communities that may be unique to the state.

The ability of a state to integrate and coordinate across agencies has been aided by technology that can respond and adapt to multiple programs across the state. SBMs offer underlying infrastructure that is controlled by the state. This local control facilitates the ability of the marketplace to be nimble in response to consumers and state program needs.

Maryland has added features including an "application pending status" which allows it to hold applications while data is being verified across systems. The state has also built in more supports to supplement its capacity to verify income beyond what is available currently through the federal data services hub used by all marketplaces. States can and do share IT infrastructure for the benefit of one another, leveraging IT investments for the broader good. Managing their own technology gives SBMs dexterity to be responsive to changes in their insurance markets, including changes to insurance products or other coverage options such as updates on provider networks, plan rates, and benefits offered. For example, California's system

could facilely be altered for 2016 to display plans with a new cap on specialty drugs.

## **SBMs are Fostering Affordable Health Plans through Insurance Market Reforms:**

Since the close of the 2015 open enrollment period, over 2.8 million individuals have enrolled in a qualified health plan (QHP)<sup>15</sup> through SBMs. Affordability is one of the main draws for consumers, which is enhanced by the premium tax credits available only through the marketplaces. While many factors go into premium rate-setting, premium rates for those plans offered through SBMs during the 2014-15 open enrollment period were comparable to or below the rates of those offered by the FFM. Premiums for SBM Silver and Bronze-level plans averaged \$250 and \$195 per month, respectively, while average rates for FFM plans were \$278 and \$218 per month.<sup>16</sup>

SBMs play an important role working with insurance regulators to improve quality and affordability of QHPs. Many are taking the lead in supporting insurance market reforms. Massachusetts, Minnesota, New York, Vermont and the District of Columbia created state-specific policies regarding age rating to “minimize market disruption.” For a similar purpose, California, Connecticut, New York, Massachusetts, Rhode Island, Vermont, and the District of Columbia have prohibited tobacco rating. Additionally, Rhode Island, Vermont and the District have also prohibited geographic rating.<sup>17</sup>

SBMs are also taking on more active purchasing roles to assist consumers to make informed comparisons among multiple products, foster competition between insurance carriers, and provide better-quality products to consumers. California, Connecticut, and Maryland have standardized benefits and place limits on the number of plans carriers can offer at each metal level.<sup>18</sup> Furthermore, to simplify plan options and protect consumers from surprise costs from not-offered benefits, Connecticut, Massachusetts, New York, Oregon, Vermont, and the District of Columbia have regulations for the standardization of benefits offered through all QHPs, assuring “apples to apples” comparisons among products and prices. California requires standardization of benefits in QHPs without exception.<sup>19</sup> Vermont and the District of Columbia require all individual and small group products to be offered solely through the marketplace.<sup>20</sup> California will be monitoring enrollment and claims data collected by the marketplace to drive policies that will improve the affordability and quality of plans.<sup>21</sup>

## **Overcoming IT Challenges in Maryland**

After significant technological challenges encountered during the first open enrollment period, Maryland performed a complete overhaul of its system. Drawing on lessons learned from the prior enrollment period, the new technology was built to increase the stability of the applications processed through its systems, as well as to better serve the state’s population. Maryland collaborated closely with Connecticut, adapting its successful technology. After system improvements, Maryland was able to enroll over 425,000 residents through its revamped marketplace.

## Innovative Outreach Strategies

SBMs have conducted extensive market research and partnered with numerous community-based organizations to improve the understanding of and their ability to reach target populations. SBMs learned the importance of meeting individuals in their own neighborhoods, workplaces, schools, and places of worship. Executing this strategy, SBMs employed creative outreach and enrollment tactics including:

- CO, CT, DC, KY, MD, RI, WA, and DC had in-person storefronts. MN partnered with six Broker Enrollment Centers to open their offices to walk-in traffic for the marketplace, sharing advertising costs with navigators via a matching funds model.
- Innovative social media campaigns like California's "I'mInsured," which tells personal stories of the transformative effect coverage has on people's lives.
- Award-winning marketing campaigns to raise public awareness about new sites and coverage options. KY's Kynect won a 2015 gold Effie award for outstanding marketing campaign. MD's media efforts earned them a spot as a finalist for the SABRE Gold Marketing award.
- NM and WA created partnerships with Native American organizations to develop targeted outreach and educational strategies.
- Enrollment events to capture the "young invincible" population such as "Enroll at the Bowls" in DC, UConn sporting events in CT, and WA's partnership with Live Nation to promote the marketplace at concerts, online, and through social media.
- Sports-based outreach activities such as WA's partnerships with Tacoma Golden Gloves boxing and the Yakima Professional Bull Riders as well as a PSA starring popular Seattle Seahawks Russell Wilson and Richard Sherman.
- Engagement of community resources such as CT's engagement of libraries in areas of high-uninsured populations.

### SBMs Tailor Outreach and Enrollment to Reach Target Audiences, Including the Hard-to-Reach:

SBMs are positioned to connect with state residents and develop tailored marketing and educational campaigns that meet the needs of local consumers. This includes hard-to-reach populations such as the homeless, immigrants and non-English speakers, individuals with mental illness or substance abuse disorders, rural populations, and the "young invincibles." The SBMs dedicated extensive resources to ensure a broad reach with their marketing efforts. For example, during the 2015 open enrollment, Minnesota hosted 2,280 total public events throughout open enrollment, averaging 24 events each day. A June 2015 Health Affairs report examined the affect of state policies on application and enrollment in Arkansas (SPM), Kentucky (SBM), and Texas (FFM). The report found that application rates, effectuated enrollment, and consumer satisfaction were highest in Kentucky, where more resources were dedicated to targeted outreach.<sup>23</sup>

Prior to the first open enrollment, many SBM states had the lowest uninsured rates in the country. Connecticut, Hawaii, Maryland, Mas-

sachusetts, Minnesota, New York, Rhode Island, Vermont, and the District of Columbia reported uninsured rates lower than 15 percent in 2013.<sup>24</sup> Even with lower uninsured rates and a potentially harder to reach target audience, SBM states still made progress. Many of these states showed considerable percentage reductions in their uninsured rates and achieved higher enrollment rates. Combined, the SBM states from this group, have enrolled nearly 550,000 individuals in coverage through their marketplaces.<sup>25</sup>

### SBMs are Collecting and Using Enrollment Data to Expand Coverage:

Even with the success of SBMs in lowering the uninsured rate, states still have work ahead of them to close the health insurance gap. SBMs have the flexibility and capability to conduct their own research and collect specific enrollment data to continue targeting hard-to-reach, uninsured populations. For example, Vermont's Household Health Insurance Survey informed the marketplace that more than half of the state's uninsured children qualify for Vermont's Children's Health Insurance Program and approximately 30 percent of adults are eligible for Medicaid.<sup>26</sup> This data will inform marketing and outreach campaigns aimed at reaching the state's uninsured citizens. In Washington State, marketing research was used

to inform digital, radio, television, and print advertising, as well as future marketing and outreach efforts. In addition, “heat maps” produced by the Governor’s Office of Financial Management will be used to identify areas of remaining uninsured by coverage group (e.g. Medicaid or Qualified Health Plan eligible).<sup>27</sup> Idaho conducted consumer market research and used the results to drive enrollment, achieving the 3rd and 4th highest enrollment per capita in the country during the first and second open enrollment periods, respectively. In the District of Columbia, marketing research was used to put advertisements on public transportation routes running through neighborhoods with the highest concentration of uninsured individuals. Maryland is using zip code-level enrollment and data on the uninsured to target its outreach during the next open enrollment period.

### **SBMs are Monitoring Consumer Feedback to Ascertain Success and Drive Improvements:**

Even with early technological and other challenges, some SBM states have documented high consumer ratings for their marketplaces. SBM agencies have either implemented or are in the process of developing surveys to better understand the consumer experience, and are using data from these surveys to target resources and improve their marketplaces. In Connecticut, a survey on the first year of open enrollment found that 95 percent of respondents noted application and enrollment processes were “definitely” or “somewhat” easy; 90 percent said they would “definitely recommend” the state’s marketplace. Connecticut continues to improve its system and processes based on this analysis of customer service efforts and complaints received.<sup>28</sup> In Washington State, survey results found consumers commended the marketplace’s performance for simplifying complex terms such as “premium” and “deductible”; 66 percent of respondents said the marketplace explained these health insurance terms “well” or “very well.”<sup>29</sup>

Both Maryland and Colorado have documented the importance of in-person assistance for improving satisfaction with consumer experiences.<sup>30</sup> California is embarking on a major initiative to assess

quality and access to care, examining consumers’ benefits and plan choices and their income along with other demographics. As marketplace consumers evolve, states are planning to update and change future surveys to ascertain more data about health literacy and needs so that they can provide better products to their consumers.

### **SBMs Can Respond to Market Changes to Promote Coverage Opportunities:**

SBMs have leveraged their nimble structure to create flexible special enrollment periods (SEPs) responsive to consumers’ changes in life circumstance or other occasions that pose barriers to coverage. An Urban Institute study estimates that millions of people could qualify for a special enrollment period—nearly four million individuals lose coverage and 2.7 million experience a life event (e.g., moving, getting married, gaining new immigration status) during a given year.<sup>31</sup> New York recently passed legislation to add pregnancy as a qualifying life event to enroll in health coverage.<sup>32</sup> Washington State implemented a broadly defined SEP in 2015 for consumers who were unable to complete their applications by the open enrollment deadline, to retain consumers who had technical or other issues accessing coverage through the marketplace.<sup>33</sup> The ACA provides for both a Federally-Facilitated Marketplace and the ability to test innovation and adapt programs to meet local needs through the State-based Marketplaces. States have tremendous opportunities for innovation and flexibility to meet the unique needs of their diverse populations and early results are promising.

## Conclusion:

The ACA provides for both a Federally-Facilitated Marketplace and the ability to test innovation and adapt programs to meet local needs through the State-based Marketplaces. States have tremendous opportunities for innovation and flexibility to meet the unique needs of their diverse populations and early results are promising.

State-based Marketplaces are realizing the ACA's goal of "one-stop shopping," taking advantage of flexibility and innovation to experiment with new strategies to drive considerable reductions in the rate of uninsured and assure access to high-quality, affordable coverage. SBMs are continuing to evolve, executing system improvements based on consumer input and leading the way on implementation of system enhancements. They also continue to hone their abilities to connect consumers to coverage through creative outreach and marketing strategies. Additionally SBMs are engaged in insurance marketplace reforms, such as standardization of benefits and regulation of rating requirements to optimize the consumer experience and impact health care costs. With continued support and flexibility, new models of SBMs are evolving, and as they mature they can develop new purchasing strategies to support delivery system reforms, increase quality of care, lower costs, and improve consumer satisfaction.

## End Notes:

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### About the National Academy for State Health Policy:

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### Acknowledgments:

The authors wish to thank state officials from California, Connecticut, Idaho, Kentucky, Maryland, Minnesota, Massachusetts, Rhode Island, Washington, and the District of Columbia who generously shared their time and expertise in review and development of this document. The authors would also like to thank our NASHP colleagues Alice Weiss, Jennifer Laudano, and Lesa Rair for their assistance in reviewing and preparing the brief. Any errors or omissions are the authors'.

The State Health Exchange Leadership Network is a project of NASHP to support state officials and staff working on implementation and operation of the health insurance exchanges. Over 400 state officials and staff currently participate in the Network, representing all 50 states and the District of Columbia.