We envision a nation with an affordable health care system that leaves no one behind. To achieve this vision, we must continue working together toward a health care system that delivers high value and clinical excellence across the continuum of care. Successful health insurance exchanges will expand access and facilitate consumer engagement with robust transparency around price, quality, and benefit designs.

Our faith-based mission inspires our 86 ministries across 20 states to engage in enrollment and advocacy around coverage expansion. We have leveraged our strong relationships within our communities to personally assist more than 130,000 people in choosing a health plan, and we have helped many more with coverage expansion education and Medicaid enrollment. To optimize these efforts, we have partnered with policymakers, local community leaders, payors, religious organizations, social service groups, business leaders, veterans associations, and others.

A highly-functioning health insurance exchange facilitates a new, secure marketplace where individuals and small businesses can purchase health insurance. Through exchanges, consumers can determine eligibility for subsidies, access information about available plans, compare coverage options, access toll-free support, and enroll in the plan that best meets their needs. In addition, effective exchanges integrate with existing state programs, such as Medicaid and CHIP to facilitate enrollment into relevant coverage options. An exchange must also certify and rate qualified health plans.

Individuals with incomes between 133% (or $15,521) and 400% (or $46,680) of the federal poverty level (FPL) are eligible to receive federal premium and cost-sharing subsidies through exchanges. Exchanges are projected to serve more than 25 million individuals nationwide by 2019.

<table>
<thead>
<tr>
<th>Enrollmnet Functionality</th>
<th>Robust Transparency</th>
<th>Expansive Outreach and Enrollment Assistance</th>
<th>Affordability and Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide accurate, real time eligibility determinations, display comprehensive and relevant information on plan options, and enable consumers to begin and complete applications in the timeframe that works for them.</td>
<td>Ensure that clear and comprehensive information about exchange plan options, including covered benefits, prescription drug formularies, provider networks, cost, and quality ratings is accurately displayed and easy to understand.</td>
<td>Offer training and support for enrollment entities and individuals so that help is available to all who need assistance enrolling in coverage, particularly vulnerable populations, and continue to allow qualified assistors, to include insurance brokers, community workers, and provider staff, to help individuals enroll in coverage.</td>
<td>Offer coverage options with competitively-priced premiums and cost-sharing that are manageable for low to moderate income individuals and families.</td>
</tr>
</tbody>
</table>
What Can Policymakers Do to Improve Health Insurance Exchange Functionality and Consumer Experience in 2015 and Beyond?

Enrollment Functionality

- **Enhance the consumer shopping experience**
  - Streamline the shopping experience and allow consumers to enroll in a selected plan in a reasonable amount of time with assistance of a highly-functioning cost calculator
  - Offer improved, live decision-support tools to assist in matching plan options to patient needs
  - Provide an option for consumers to shop for plans without first creating an account

- **Establish a complete, automated enrollment verification process for consumers, carriers, and providers**
  - On shopping portals, establish real-time verification of enrollment status or notification of missing information required for completion
  - Enable providers participating in exchange networks to access enrollment verification information and premium payment confirmation, limiting provider financial risk

- **Improve “no-wrong-door” enrollment processes**
  - If an individual is determined to be eligible for Medicaid via the exchange website, the website should seamlessly direct the consumer to enroll in Medicaid/CHIP and notify the state Medicaid office in real time

Robust Transparency

- **Provide clear detail on critical plan characteristics**
  - Present information on plan offerings in a format that is readily available and easy for consumers to understand, available in culturally-competent translations in a range of languages, tested for a readability index, and includes definitions and examples of potentially unfamiliar insurance terms
  - Provide direct access to comprehensive prescription drug formulary information, including tiering, so that patients can understand what drugs are covered and the associated cost-sharing requirements
  - Clearly articulate information on plan provider networks in bold print early in the plan information
  - Appropriately display and explain the utility of the Exchange Quality Rating System to consumers once system is in place

- **Provide clear plan identification on insurance cards**
  - Provide consistent and clear delineation of plan, including “metal” level, on insurance cards to ensure that providers and consumers have accurate information about their coverage benefits and cost sharing

---

**SPOTLIGHT: AN EARLY BEST PRACTICE**

*Connect for Health Colorado: “Find a Provider” Tool Seamlessly Integrated into Shopping Experience*

- Consumers browsing plans can search for providers by name, zip code, or facility
- Consumers can add providers to their custom list, and search for only plans that include their providers of choice as “in-network”
Expansive Outreach and Enrollment Assistance

- Leverage existing outreach resources to ensure all consumers are directed to the appropriate programs
  - States should consider inserts for driver’s license renewal mailings, voter registration, and other regular state-based communication detailing how individuals can enroll into coverage
  - States may send letters to enrollees in the Supplemental Nutrition Assistance Program (SNAP) about their option to enroll in Medicaid; Arkansas did so and allowed individuals to enroll simply by signing and returning the letter
  - States should consider outreach to parents of children already enrolled in Medicaid or CHIP; approximately 4.7M are uninsured and may qualify for Medicaid based on their income
  - States should consider contacting those who were formerly in the foster care system as they are automatically eligible for coverage and those completing Federal Financial Assistance Applications for college

- Support continued involvement of agents and brokers and compensate them appropriately
  - Engage brokers in outreach activities, such as enrollment fairs

Affordability and Access

- Support third-party premium assistance
  - Encourage providers and other non-profits to offer premium assistance to those unable to purchase coverage or who are facing challenges paying premiums
  - Access to insurance will result in improved health and less emergency room care

- Encourage high-performance networks that coordinate patient care
  - Incentivize exchanges to include high-performing, collaborative provider networks that deliver patient-centered, quality care
  - Encourage health plans to design benefit structures that provide incentives to members who utilize low cost/high quality providers

- Ensure continuity of care for all patients
  - Support requirements for health plan transitional policies to prevent disruptions in care
  - Protect continuity of care for individuals who churn between exchange coverage and Medicaid

---

1 Martha Heberlein, Michael Huntress, Genevieve Kenney, Joan Alker, Victoria Lynch, and Tara Mancini, Medicaid Coverage for Parents under the Affordable Care Act (Washington: Georgetown University Health Policy Institute Center for Children and Families, June 2012); statistic is as of June 2013

CHE TRINITY HEALTH FAST FACTS

- CHE Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation
- Employs nearly 87,000 people including 3,200 employed physicians
- Serving people and communities in 20 states from coast to coast with 86 hospitals, 109 continuing care facilities and home health and hospice programs that provide more than 2.8 million visits annually
- Revenues of about $13.3 billion
- Almost $1 billion in community benefit ministry

MISSION

We, CHE Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

- Reverence
- Commitment to Those Who are Poor
- Justice
- Stewardship
- Integrity