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## Affordable Insurance Exchanges: A Summary of Characteristics and Rural Implications

This summary, based on a RUPRI Center policy paper, *Affordable Insurance Exchanges and Enrollment: Meeting Rural Needs*" (available at www.public-health.uiowa.edu/rupri), provides a quick reference to selected critical decisions being made about health insurance exchanges (Exchanges) that will affect access to affordable insurance plans in rural America.

**Extent of influence states exercise over the insurance market:** Exchanges will certify Qualified Health Plans (QHPs) that can be offered to individuals and small groups purchasing insurance through Exchanges (including the Small Business Health Options Program). States could require QHPs to meet multiple, specific conditions, or to meet only the minimum conditions set in federal regulations.

*Rural Implications*: The conditions for QHPs to participate in Exchanges, including the minimum requirements for availability of contracted providers (networks), financial solvency, quality of care, and customer service, may affect availability and cost of plans in rural places.

**Governance**: Exchanges may be governed by a state agency or by a private nonprofit entity. The governing body should include adequate technical expertise and representation of consumer interest.

*Rural Implications*: Governing bodies must consider rural implications of decisions such as contracting with navigators and certifying QHPs. Rural representation, both for technical understanding and consumer interests, is essential.

**Enrollment/Navigators**: Exchanges will provide grants to organizations to be consumer navigators to help consumers assess their options and choose among competing QHPs. Navigators will provide public education, information about tax credits and cost sharing, summaries of QHP options, and guidance on using an ombudsman or consumer assistance program to resolve complaints.

*Rural Implications*: Exchanges should review navigator proposals to ensure that proposed strategies can reach all populations. In particular, strategies should address ethnic and cultural differences and ensure access to the venues through which information is made available. Navigators should be required to evaluate their strategies and demonstrate that rural populations are served effectively. If necessary, Exchanges should solicit participation in the navigator program from nonprofit, rural-based organizations.

**Access Standards**: Exchanges will implement specific access (to essential providers) criteria in certifying QHPs, consistent with the final rule published by the Centers for Medicare and Medicaid Services, which was not available at the time this summary was written.

*Rural Implications*: Exchanges should ensure that rural residents have choices among QHPs that include local providers in their networks and/or that allow enrollees to use local, out-of-network providers, with no additional out-of-pocket expense as compared to network providers.



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