



Microsoft file photo

Even if the federal government runs a health exchange, there may be ways for the state to influence the operation.

What would be the role of stakeholders?

Health Insurance Exchange Options

- Under proposed rules, states may take over a federal exchange after 12 months. (Earliest possible in Montana would be January 2015 - leaving the 2013 session the soonest to pass legislation to that effect.)
- Federal-state partnerships – What do these mean?



Photo by Donna Fletcher

Rising medical costs are due in part to cost-shifting. By insuring more people there presumably will be less cost-shifting.

What's the purpose?

- Help more people who do not now have insurance to buy insurance?
 - Making it easier to compare policies and prices?
 - Providing subsidies for those who have trouble affording insurance?
- Help keep premiums from rising so fast for those who have insurance?



Photo by Donna Fletcher

Utah established its exchange, in part, as a way for employers to contribute to a health insurance plan and let employees (not employers) choose among plans and decide their level of payment. This approach is said to tie cost-benefit to payor/user relationship.

What if... ?

- The Supreme Court:
 - a) Invalidates the Affordable Care Act?

Is there still a valid reason for state action on an Exchange?



Photo by Donna Fletcher

Expectations:

- Dual regulation for insurers
- Complaints handled by ???
- Possibility that provider networks are not in Montana?

What if... ?

- The Supreme Court:
 - b) Validates the Affordable Care Act?

What are the expectations of a federally run health insurance exchange and how do they differ from a state-run exchange?