

What Can the Insurance Exchange Do To Tackle Health Disparities?

A Lot, It Turns Out:

- **Make transitions between programs as smooth as possible.** Make sure that, when a person's income or employment changes and (as a result) the coverage they're eligible for changes – when they move from Medical Assistance to subsidized individual coverage through the Exchange, for example – they have continuous care through these transitions.
- **Keep people covered despite incarceration.** Don't prevent people who are in jail but have not been convicted of a crime from getting coverage through the Exchange. And let people leaving prison access coverage through the Exchange before their discharge.
- **Establish effective "Navigators."** A strong Navigator program rooted in community-based organizations would be a powerful tool to help individuals and communities overcome barriers to obtaining affordable health insurance and quality health care.
- **Reach out.** Launch a broad outreach and public education campaign, in partnership with community organizations, with the focus on low-income communities of color, especially people newly eligible for coverage and people already eligible for coverage but not using it.
- **Make sure the coverage people get covers what they need, where they need it.** Require health plans to offer provider networks that are sufficient for new patients to access all covered services and for all patients to avoid unfair burdens in accessing health care.
- **When people enroll in the Exchange, let them enroll in other public programs for which they're eligible at the same time.** Build a "No Wrong Door" Exchange, where simplified eligibility-determination and enrollment improves not just the state's insurance rate but the number of eligible people accessing other vital social services.
- **Get the data we need to know whether we're making progress on disparities.** Adopt statewide data-collection standards that enable us to better understand and document health disparities, and to hold insurers and providers accountable for their performance on health equity measures.
- **Don't try to become ICE.** While fully complying with immigration law and the Affordable Care Act, do not adopt unnecessary and burdensome citizenship documentation requirements for individuals and small businesses enrolling through the Exchange.
- **Push for care models that reward health outcomes.** Collaborate with community organizations to consider payment-reform strategies, including the possibility of the Exchange contracting directly with an Accountable Care Organization to provide better primary care and bring the benefits from any innovations and savings back to the communities hardest hit by disparities.
- **Let the Exchange negotiate with health plans.** Adopt an "Active Purchaser" model that allows the Exchange to negotiate with insurers to push for lower premiums and better benefits, so that all Minnesotans can afford high-quality health care.
- **Report on health plans' progress (or the opposite) in reducing health disparities.** Empower consumers and encourage competition among health plans by including information about performance on health equity measures in the Exchange's quality rating system.
- **Don't let language be a barrier to getting good coverage.** Provide interpreter services and written materials in, at a minimum, the eleven languages used by the MN Department of Human Services, and make sure health plans offer customer service in those languages.
- **Make the Exchange accountable to the people it's supposed to serve.** The majority of voting members on the governing Board of the Exchange should be representatives of health care consumers or small businesses – of the intended beneficiaries of the Exchange.