

Preparing for 2016 Marketplaces

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Apr. -- May

Issuers submit QHP application for 2016 certification

- Plans and benefits
- Provider network
- Rate data

May -- Sept.

States review QHPs and issuers revise if needed

Sept. -- Oct.

Issuers receive notice of certification and sign QHP agreements

Nov. 1

Open enrollment

WHAT CONSUMER ADVOCATES CAN DO

Step 1: Identify your coalition's top consumer priorities for the year. Here are some examples:

- <u>Network adequacy</u>: access standards, inclusion of essential community providers, provider directories and balance billing, etc.
- Benefit design: non-discriminatory benefit packages, selection of essential health benefits, inclusion of dental coverage, mental health and substance use treatment, and drug tiering, etc.
- <u>Rate review</u>: medical loss ratio, rate justifications and opportunity for consumer engagement on proposed rates, etc.

Step 2: Build relationship with regulators and key stakeholders and educate them about the needs for stronger consumer protection through issuer requirements, marketplace contracting, network adequacy standards and essential health benefit selection, etc.

Step 3: Develop a checklist for each priority identified in step 1 to assist policy makers during the review period

Step 4: Collect consumer stories to make the case for your priorities

DESIRED OUTCOMES

- Positive consumer experience in accessing care, shopping for coverage and interaction with the marketplace
- Effective collaboration among coalition members on consumer priorities
- Successful partnerships with policy makers and key stakeholders