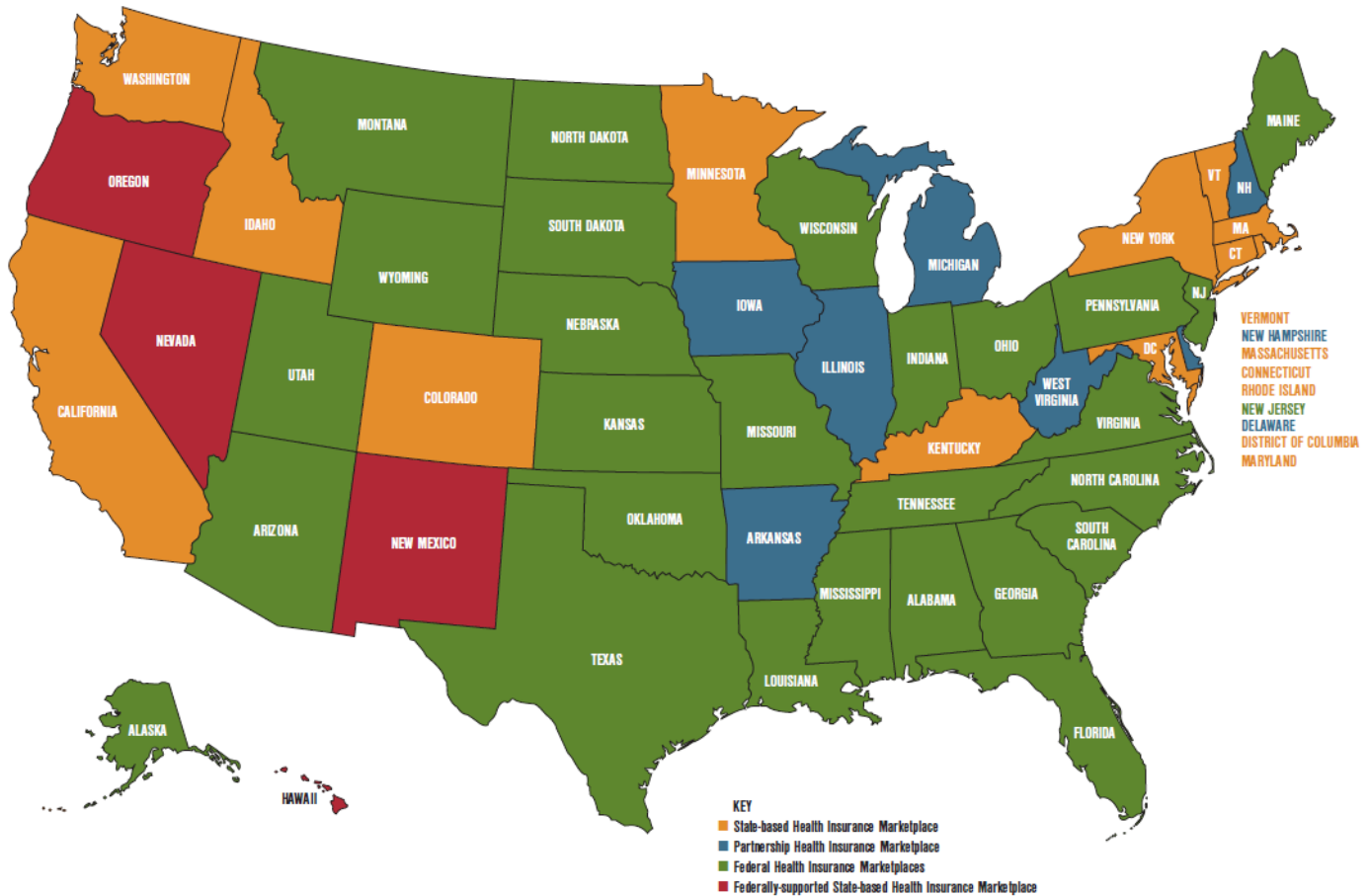




HEALTH INSURANCE MARKETPLACES



The *Affordable Care Act* (ACA) created new tools to ensure greater access to health insurance. Health Insurance Marketplaces provide a comprehensive one-stop resource where consumers can research different insurance plans, access assistance and educational information, and ultimately purchase health insurance coverage. All Health Insurance Marketplaces must meet a series of [minimum requirements](#) established in the ACA. Additionally, all insurance plans that participate in Health Insurance Marketplaces are required to provide minimum levels of coverage, known as [essential health benefits](#). All Health Insurance Marketplaces deploy individuals called Navigators, whose role is to provide fair and unbiased assistance for consumers as they seek and obtain coverage. States have four options as they establish Health Insurance Marketplaces—state-based health insurance marketplace, partnership health insurance marketplace, federally-supported state-based health insurance marketplace and federal health insurance marketplace

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State-Based Health Insurance Marketplaces

A state governmental agency (Department of Insurance, Department of Health, etc.) or a non-profit entity established by the state operates state-based marketplaces. States that adopted this type of marketplace have significant flexibility in their choices related to insurance plan selection, additional essential health benefit designation, and marketplace administration; these types of marketplaces vary widely. There are 12 states and the District of Columbia operating a State-Based Marketplace. These states include California, Colorado, Connecticut, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, and Washington.

Partnership Health Insurance Marketplaces

Through a partnership with the U.S. Department of Health and Human Services (HHS) or another state, partnership marketplaces provide states with flexibility as they take on primary responsibility for marketplace activities. States in a Partnership Marketplace can take on plan management activities, consumer assistance and outreach, or a combination of both. It is up to the discretion of the states to determine the balance of responsibility among partners that best suits their marketplace model; there is significant variance across states with a Partnership Marketplace. However, these states may decide to transition to a State-Based Marketplace in the future. There are 7 states operating a Partnership Marketplace. These states include Arkansas, Delaware, Illinois, Iowa, Michigan, New Hampshire, and West Virginia.

Federally-Supported State-Based Health Insurance Marketplaces

States with this type of Marketplace are considered to have a State-Based Marketplace, and are responsible for performing all Marketplace functions, except that the state will rely on the Federally-facilitated Marketplace information technology platform. Consumers in these states apply for and enroll in coverage through healthcare.gov. The 4 states using this model are Hawaii, Nevada, New Mexico, and Oregon.

Federal Health Insurance Marketplaces

If a state is unable, or unwilling, to establish a State-Based or a State-Federal Partnership, then HHS established a Federal Marketplace in that state. All plan management, consumer assistance and outreach, and eligibility and enrollment responsibilities fall to HHS under a federal health insurance marketplace. The Center for Medicare and Medicaid Service (CMS) released [guidance](#) that proposes different approaches that may be implemented as HHS works with states in the Federal Marketplace and reaffirms that these states will have opportunities to transition into Partnership Marketplaces or State-Based Marketplaces in the future. Federal Health Insurance Marketplaces are operating in 27 states.

Navigator Program

The ACA requires that all Health Insurance Marketplaces establish a *Navigator Program*. Navigators are individuals deployed by the marketplace to assist consumers with education, outreach, eligibility, and enrollment issues to facilitate a streamlined transition into new insurance coverage. Additionally, Navigators must have special expertise working with low-income populations, American Indian/Alaska Natives, people with disabilities, and individuals with limited English language proficiency.