

West Virginia Health Benefit Exchange

A Summary for Providers

What is the Health Benefit Exchange?

Insurance Exchanges are state-based, competitive marketplaces, which launch in 2014, and will provide millions of Americans and small businesses with “one-stop shopping” for affordable coverage.

The West Virginia Health Benefit Exchange aims to maximize the number of insured West Virginians, provide consumers with reliable health insurance information, and promote a competitive marketplace that allows individuals, families, and businesses to choose the health plan that provides them the best value.

Core services of the Exchange:

- function as a market organizer of health insurance for consumers;
- provide a transparent source of simplified health insurance information;
- streamline eligibility determination and enrollment for public health insurance;
- connect consumers to advanced payment of premium tax credits, and cost-sharing reductions – the subsidies that will made private plans more affordable;
- simplify health insurance enrollment and administration for consumers, employers, and carriers;
- and expand the size of risk pool for consumers.

History of the Exchange in West Virginia

The Affordable Care Act (ACA) requires that all states establish an operational Exchange by October, 2013, or the federal government will establish and operate an Exchange for the state. However, development of a Health Benefit Exchange in West Virginia was under consideration prior to passage of the ACA. In March 2011 the state Legislature passed Senate Bill 408 establishing a Health Benefit Exchange in the state.

Senate Bill 408 establishes Health Benefit Exchange within the Offices of the Insurance Commissioner (OIC) as a governmental entity of the state and provides for a ten-member independent Board comprised of state officials and stakeholders with legislative and emergency rule-making authority to oversee the Exchange. The OIC is continuing research, planning and development for the SHOP and Individual Exchange using grants from HHS.

What it means for Providers:

- **The Exchange will not be setting reimbursement rates; this will still depend on the contracts between carriers and providers.**
- **The Exchange is required to provide consumers information about providers and quality, as well as establish network adequacy requirements for Qualified Health Plans.**
- **One primary goal of the Exchange is to increase the number of West Virginians who have health insurance coverage; this would affect providers by lowering the amount of uncompensated care cases.**

For more information and a calendar of monthly stakeholder meetings, visit www.bewv.com