

STAKEHOLDER VIEWS ON THE ALABAMA HEALTH INSURANCE EXCHANGE

ALABAMA DEPARTMENT OF INSURANCE

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Stakeholder Views on the Alabama Health Insurance Exchange

Stakeholder engagement is a key component of the planning process for establishing an Alabama Health Insurance Exchange. The purpose of stakeholder engagement is to bring individuals and groups that may directly benefit from an Exchange into the planning process. Understanding stakeholders' interests and priorities will enable Alabama to develop an Exchange that meets the unique needs of Alabama residents.

STAKEHOLDER ENGAGEMENT PROCESS

To engage key stakeholders in this process, LMI convened a meeting of the state-established, 110-person stakeholder task force. Approximately 75 task force members attended a general forum on May 10, 2011, to review the Exchange planning process and design options. During this forum, participants also had an opportunity to share feedback and preferences concerning the options presented.

Following this forum, the state recruited insurers, brokers, small employers, providers, and advocacy group representatives to participate in separate focus group sessions. Throughout June 2011, LMI facilitated six individual focus group sessions to gather group preferences for general Exchange options, as well as feedback on stakeholder-specific Exchange issues. Following each session, LMI prepared and submitted a summary report for the state. The six sessions were held as follows:

- ◆ Insurers (June 8);
- ◆ Brokers (June 9);
- ◆ Small businesses (June 22 and 23);
- ◆ Providers (June 27); and
- ◆ Advocacy groups (June 28).

LMI will convene a second general forum to review draft recommendations for the Exchange.

STAKEHOLDER VIEWS

During the general forum and focus groups, stakeholders answered the same questions regarding Exchange design options. A 10-question survey gathered

stakeholders’ opinions on intervention in the Alabama insurance market and broad Exchange design options, including the following:

- ◆ Governance model, administrative structure, and appropriation process;
- ◆ Plan selection model (market organizer, active purchaser, or selective contractor);
- ◆ Program integration, application, and enrollment process;
- ◆ Outreach, education, and consumer assistance; and
- ◆ Long-term financing.

In the following subsections, we describe the responses of forum and stakeholder participants. The key below shows the percentage of responses by color code.

Color Code Key

Percentage of responses	80–100%	60–79%	40–59%	20–39%	0–19%
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In the top row of the following tables, the number in parentheses represents the total number of respondents within each stakeholder group.

Market Intervention

1. *How important is it for Alabama to improve coverage for the uninsured in the state?*

Almost all stakeholders agree that improving coverage for uninsured Alabamians is important, and a majority of respondents said it is *very important* to reduce the number of uninsured residents (Table 1).

Table 1. Alabamians Believe Uninsured Need Improved Coverage

	Forum (70)	Insurers (8)	Brokers (12)	Small businesses (18)	Providers (13)	Advocacy groups (7)
Very important	80	100	83	44	100	100
Somewhat important	17	0	17	56	0	0
Not important	3	0	0	0	0	0
Unsure	0	0	0	0	0	0

2. *Can the private sector alone improve coverage, or should the state restructure the market to make products more available and affordable? If the state does restructure the market, should they use federal funds to subsidize the cost of products?*

Most stakeholders agree that the state needs to restructure the health insurance market (Table 2). A majority of stakeholders also support utilization of federal funding to subsidize the cost of products offered through the Exchange. Brokers, who indicated a preference against the use of federal funding on the questionnaire, agreed during discussion that federal subsidies were necessary. Small employers, who indicated a greater preference for market-driven reform, generally support private-sector action over government intervention but did acknowledge during discussion that they believe some state involvement is necessary.

Table 2. Support for State Intervention and Use of Federal Funding

	Forum (69)	Insurers (7)	Brokers (12)	Small businesses (18)	Providers (13)	Advocacy groups (7)
The private sector can address this problem	10	14	0	28	8	0
The state needs to restructure the market	22	29	75	28	31	14
The state needs to restructure the market and use federal funds to subsidize the cost of products offered	68	57	25	44	62	86

3. *Do you think Alabama should move forward with establishing an Exchange tailored to meet Alabama’s needs or rely on the federal government to establish an Exchange for the state?*

Overall, Alabama stakeholders strongly agree that a state Exchange is preferable to federal intervention (Table 3). Insurers, brokers, and consumer advocates unanimously prefer a state-established Exchange. Providers and small employers indicated a general preference for a state Exchange—but greater uncertainty overall about whether the state or federal government should take on this role.

Table 3. Support for State Exchange

	Forum (72)	Insurers (8)	Brokers (12)	Small businesses (18)	Providers (13)	Advocacy groups (7)
State Exchange	89	100	100	56	77	100
Federal Exchange	8	0	0	6	0	0
Unsure	3	0	0	39	23	0

Governance Model, Administrative Structure, and Appropriation Process

4. *What form of governance structure makes the most sense for Alabama's Exchange?*

While several groups expressed interest in having the Exchange reside in an existing state agency, most participants preferred the creation of either a non-profit entity or quasi-public authority. Overall, responses indicate considerable uncertainty among stakeholders about where an Alabama Exchange should reside (Table 4).

Table 4. Governance Structure

	Forum (72)	Insurers (8)	Brokers (12)	Small businesses (18)	Providers (13)	Advocacy groups (7)
Existing state agency	21	25	8	11	0	0
Nonprofit entity	28	25	0	28	38	0
Quasi-public authority	39	25	42	28	15	100
Newly created state agency	4	0	8	0	15	0
Unsure	7	25	42	33	31	0

5. *If a quasi-public or non-profit entity, how should members of the governing board be selected?*

About half of the stakeholders thought the governing board should be appointed by the governor or legislature, and a majority of these responses reflected a preference toward a collaborative effort (Table 5). Some of the groups were unsure about how these appointments should be made, and a sizable minority suggested that some other mechanism should be used. During discussions, all groups indicated that the selection process should incorporate stakeholder interests.

Table 5. Selection of Governance Board Members

	Forum (72)	Insurers (8)	Brokers (12)	Small businesses (18)	Providers (13)	Advocacy groups (7)
Appointed by the governor	9	0	0	11	8	0
Appointed by the legislature	1	13	0	6	0	0
Appointed by the governor and the legislature	41	25	50	50	38	57
Unsure	10	50	33	17	23	0
Other	38	13	17	17	31	43

6. *Who should be represented on the Exchange governing board?*

The forum participants and stakeholder groups strongly prefer that the governing board include representatives from the major stakeholder groups impacted by the Exchange (*e.g., low income/uninsured beneficiaries, health insurers, brokers*) and experienced professionals with a technical understanding of what is necessary to restructure the insurance market and administer an Exchange (Table 6).

Table 6. Governance Board Composition

	Forum (72)	Insurers (8)	Brokers (12)	Small businesses (18)	Providers (13)	Advocacy groups (7)
Stakeholder group representatives	11	25	17	0	0	0
Expert leaders	3	0	0	22	0	14
Stakeholder group representatives and expert leaders	83	75	83	72	100	86
Unsure	3	0	0	6	0	0

7. *Should key stakeholder groups (e.g., low income or uninsured beneficiaries, health insurers, brokers, etc.) be able to nominate representatives to the governor or legislature to be appointed to the governance board?*

Most groups indicated a strong preference for granting stakeholder groups the opportunity to nominate board representatives (Table 7).

Table 7. Authority to Nominate Governance Board Members

	Forum (72)	Insurers (8)	Brokers (12)	Small businesses (18)	Providers (13)	Advocacy groups (7)
Yes	94	75	100	67	92	100
No	5	13	0	11	8	0
Unsure	2	13	0	22	0	0

Plan Selection Model

8. *To what degree should the state guide the structure and composition of the insurance plans offered through the Exchange?*

An Exchange can range from a passive market organizer—offering all plans that meet minimum federal requirements—to a more selective entity, requiring plans to meet additional requirements, or actively negotiating with plans based on value and price. The majority of insurers and brokers prefer that the Exchange accept all

plans that meet minimum threshold criteria, following the market organizer model (Table 8). Small employers, providers, and advocates said they selected the active negotiation response on the questionnaire because they anticipate that many people entering the Exchange will have limited or no experience purchasing health insurance. They identified the active purchaser model as an opportunity for the Exchange to provide consumer protection to inexperienced purchasers. Focus groups identified increased competition in the Alabama market as a significant priority—and acknowledged that they would support a market organizer model if it achieved this goal.

Table 8. Selectivity of Plans Offered through Exchange

	Forum (72)	Insurers (8)	Brokers (12)	Small businesses (18)	Providers (13)	Advocacy groups (7)
Accept all plans that meet minimum threshold criteria	43	88	67	22	31	0
Selectively contract	15	0	8	17	0	0
Actively negotiate with carriers on the basis of quality and price	34	13	8	44	54	86
Unsure	7	0	17	17	15	14

Program Integration

9. *In developing Exchanges, some states have already, or are planning to, integrate enrollment processes for Medicaid, CHIP (ALL Kids), and Exchange beneficiaries. To what extent should Alabama integrate the enrollment processes?*

The answers to this question are not included in the forum results because attendees were confused as to the meaning of “program integration” (Table 9). Following the feedback from the general forum, the question was rewritten to clarify that integration only pertained to the application and enrollment processes, not information technology systems. The focus group results show that stakeholder preferences regarding program integration are split. The stakeholders generally exhibited a slight preference for a single, integrated application and enrollment process, while a strong minority want to preserve separate processes. Some participants prefer separation because they want to preserve what they perceive to be the successful enrollment strategy and process for the ALL Kids program.

Table 9. Program Integration

	Forum (NA)	Insurers (8)	Brokers (11)	Small businesses (18)	Providers (13)	Advocacy groups (7)
Keep Medicaid, CHIP, and the Exchange separate	NA	13	36	33	34	14
Create one application process for all	NA	38	64	44	54	57
Unsure	NA	50	0	22	8	29

NA = not applicable.

Long-Term Exchange Financing

10. How should Alabama fund the operating costs of the Exchange after federal funds expire?

Virtually no stakeholders want to rely on state general funds to finance Exchange operational costs beyond 2014 when federal funding is no longer available (Table 10). The majority of insurers, brokers, and small employer respondents indicated that only insurers selling through the Exchange should pay fees to sustain operations. However, a majority of forum participants and consumer advocates indicated that all commercial insurers should pay fees to broaden the base for this assessment and thereby keep the premiums as low as possible. It is important to highlight that a number of respondents chose “Other” and may have a number of different financing models in mind.

Table 10. Long-Term Exchange Financing

	Forum (72)	Insurers (8)	Brokers (11)	Small businesses (18)	Providers (13)	Advocacy groups (7)
Charge fees to all commercial insurers that sell products in the marketplace	54	13	18	11	23	57
Charge fees to insurers that sell products through the Exchange	19	50	55	50	31	43
Use state general funds to support the Exchange	0	0	9	0	0	0
Unsure	10	0	0	39	38	0
Other	17	38	18	0	8	0

FOCUS GROUP VIEWS

Following the discussion of the general Exchange options, each focus group responded to specific questions—developed to gain insight into each group’s particular interests or area of expertise. Through response to these questions and open discussion, participants explained their rationale for various preferences and identified other important factors for further consideration. This section summarizes discussions and stakeholder priorities from each session.

Insurers

Eight participants from five insurance companies operating in the Alabama market participated in this focus group. Collectively, the companies represented hold a substantial market share in the individual and small group insurance markets.

Participants generally agree that an Exchange will be beneficial if it facilitates increased competition in the market. They also agree the Exchange will be valuable if it can make insurance more affordable for individuals and small employers while protecting against adverse risk selection.

Most insurers agree that Alabama needs more plans and more competition. Given this need, participants feel strongly that an Alabama Exchange should offer all plans that meet the minimum federal requirements. This preference is also driven by an interest in maintaining flexibility over plan innovation and design within the essential benefit requirements.

Insurers also agree that the Exchange could increase competition in the market by offering side-by-side comparisons of plans. They agree that the inability to negotiate favorable provider contracts is a barrier for small insurers and new market entrants. Insurers are unable to negotiate the same low rates as the market-dominating Blue Cross and Blue Shield of Alabama (BCBSAL), making it challenging to offer competitively priced products or statewide coverage benefits.

Insurers are apprehensive about the risk profile of individuals and small businesses that will be attracted to the Exchange, especially in the initial years. They agree that offering subsidized plans through an Exchange will increase product affordability and thereby attract first-time consumers with better risk profiles to the individual market of the Exchange. They support using federal subsidies to increase affordability—but predict that actual federal spending will substantially exceed current estimates. They also caution that increasing the affordability of plans offered in the individual market might deter employers from continuing coverage, which could disrupt the small group market.

Further, they agree that affordability is a key factor for employers purchasing in the small group market and fear that only high-cost small employers will choose to purchase through the small group Exchange. They emphasize the need for uni-

form regulations governing plans sold inside and outside the Exchange and for limited annual enrollment periods to encourage a more stable risk pool.

Insurers do not want to open the small employer pool to larger employers (51–100 employees) because the current market for this group is functioning well and they fear adverse selection will increase if the groups are combined. They also cautioned that offering many plan choices in the individual market or to individual workers in the small group market might lead to greater adverse selection.

Brokers

Twelve brokers participated in the focus group and shared their experiences selling insurance in the small group and individual insurance markets. The participating brokers own or work with independent insurance agencies.

Participants generally agree that an Exchange will be beneficial if it facilitates increased competition in the market. They also agree that a successful Exchange will require considerable consumer outreach and education efforts.

Brokers identified BCBSAL's dominant market position as a challenge and expressed frustration that BCBSAL employs an internal sales team and precludes them from selling the dominant BlueCross BlueShield products. They also identified BCBSAL dominance over provider contracts as a challenge. They assert that providers receive approximately 95 percent of their income from BCBSAL payments (when one includes BCBSAL's serving as the fiscal intermediary for Medicare) and fear retribution for contracting with other insurers. They claim this affects competition in the market, as other insurers face difficulty building provider networks that can support equivalent plan coverage. This problem is even greater in rural areas with limited providers.

Brokers support a market organizer model for the Exchange and agree that a successful Exchange will need to incorporate virtually all companies willing to sell insurance in Alabama. They recognize that Alabama residents associate "health insurance" with BlueCross BlueShield and that offering BCBSAL products will help attract consumers to the Exchange. At the same time, they fear that BCBSAL will exert its considerable clout over the structure and operation of the Exchange. They cite the role BCBSAL plays in performing the claims processing function for ALL Kids as an example of the influence it has in Alabama. From their perspective, the state appears to have little oversight or leverage over BCBSAL.

Participants stress that education of small business owners and individuals will be critical given their lack of experience purchasing insurance or differentiating between product cost sharing and benefit options. Brokers are concerned that they will be replaced by new navigators called for under the Affordable Care Act (ACA). They hope that these navigators will assist with education, outreach, and determining consumer eligibility for public or subsidized private insurance—at which point navigators should refer customers to a certified broker, who will

assist with specific plan selection. Brokers want a mandate that requires all carriers (including BCBSAL) to sell through certified independent agents.

Small Businesses

A total of 20 small employers participated in two distinct focus groups conducted in Birmingham and Mobile. The Birmingham focus group included eight participants, most coming from the software or financial service industries. The Mobile focus group included 12 small employers operating in a broader range of industries. Each focus group included at least one member of the local chamber of commerce, who provided input from interactions with multiple small employers.

Almost all of the small businesses participating currently offer employees health insurance, and those not offering it recently stopped because their firms could no longer absorb the rising cost of health premiums. Although this group may not be representative of all small businesses in Alabama, they are a good barometer of the issues small businesses face in offering coverage to their employees. These employers were highly interested in learning how an Exchange could help them continue to provide employee insurance and enable them to offer employees more choices among insurance plans. Given that most offered coverage and would like to continue to do so as long the products are affordable, we didn't hear much more about how the Exchange might incentivize small businesses not currently offering insurance to purchase insurance for their employees other than offering more affordable products.

Participants articulated frustration over the limited plan choices currently available to small businesses. They are often only able to provide employees with one coverage option, which may not meet the different needs of their employees and family members.

Overwhelmingly, participants agree that increased private-sector competition in the small group insurance market is paramount. For this reason, they would support an Exchange that followed the market organizer model. They also agree, however, that their employees would need structured choices in the Exchange. Ideally, they would like an Exchange to increase competition and selectively offer plans based on value. Because any one model is unlikely to achieve both these objectives from the beginning, they recommend that the Exchange initially adopt a market organizer approach and over time transition to more selectivity. When asked about various outreach strategies the Exchange could use to disseminate information to employers and employees, both groups agreed that providing information on line and additional support through a call center would be useful. They would like to be able to access information initially on a comprehensive website. From there, they could reach out over the phone to a knowledgeable insurance expert for further assistance. Currently, these employers make purchasing decisions by collecting available public information, consulting other small employers, and then reaching out to a broker or BCBSAL sales agent. Some participants stated that while they would like the opportunity to continue working

with independent brokers, they would like to see broker compensation move to a one time flat fee commission on each new policy sold.

Providers

The provider focus group included 13 primary care and specialty physicians and health system administrators working throughout Alabama, including those at a major teaching hospital and safety net provider. Participants work in a variety of functional roles and delivery settings, providing distinctive services to Alabamians statewide. As a group, they are representative of the broader Alabama provider network informed by their unique and collective experiences in healthcare delivery.

Most participants agree that increasing competition in the insurance market is essential. Those who support increased competition believe it will lead to lower prices, making purchasing and maintaining insurance coverage more affordable. Those dissenting with the majority opinion explained that they support competition in general so long as new insurers are regulated and evaluated for financial viability. They fear that new insurers may enter the market, but fail after 1 year (or choose to leave because they cannot compete), which will increase provider's bad debt.

Providers candidly shared frustrations they experience contracting with other insurers, which may contribute to the current BCBSAL dominance in provider contracts. Participants noted that previous contracts with some non-BCBSAL providers resulted in slow payment schedules, differences between agreed-upon and actual payments, and administrative hassles in getting paid. Participants agreed that these experiences deter them from negotiating competitive rates with other insurers. Participants generally agree that "BCBSAL plays just nice enough" to dissuade contracting with additional insurers.

Physicians participating in the focus group also mentioned that BCBSAL offers consumers a wide open network and that their plans generally cover more benefits. In the past, other insurers attempting to compete in the market have offered cheaper plans with fewer benefits. This constrains the services they are able to provide or recommend to their patients with limited plans.

To meet the requirements of the ACA, Alabama will need to expand Medicaid eligibility to an estimated 306,000 residents—creating a large number of newly insured individuals. One participant suggested that the state implement Medicaid managed care plans, and contract with new market entrants, as a way to enable new insurers to capture enough of the new market to compete with BCBSAL.

Participants identified Alabama's current shortage of qualified primary care providers as an issue. They acknowledge that higher demand from newly insured individuals will be challenging—but generally agree that reducing the uninsured

population is necessary and should provide more incentive to address the provider capacity issues in Alabama.

They speculate that insurance coverage correlates with service supply—and indicate that high levels of uninsured and underinsured residents across the state contribute to current capacity limitations. Without coverage, many individuals cannot afford services and providers can't afford to practice. They noted that the state has an aging physician population—citing a high uninsured population as a barrier to recruiting and retaining young physicians. The group generally supports an expanded role for advanced practice nurses, but they disagree on the extent of their autonomy.

Although providers support reducing uninsured levels across the state, they acknowledge that achieving this goal will not reduce the cost of healthcare, significantly reduce the need for safety net services, or have much impact on improving population health, at least in the short run. The hospital providers, particularly, expressed considerable concern that the implementation of the Exchange and the prospect that many people would choose “bronze plans” with large deductibles or co-pays would continue to present them with uncompensated care issues.

Advocacy Groups

Nine advocacy group representatives participated in the focus group. Except for one participant from a policy group, all represented groups that advocate on behalf of populations living with life-threatening or complicated medical conditions, who either struggle to afford, or are unable to afford, adequate insurance coverage. The advocacy group participants represent populations who will likely purchase insurance through the individual market of an Alabama Exchange.

Participants agree that increasing access to affordable health insurance is a necessity in Alabama. During discussion, participants differentiated between access to health insurance and access to healthcare services but generally agreed that for the populations they represent, insurance coverage defines whether an individual can afford to access healthcare. They emphasize a need for expansion of comprehensive insurance that will enable Alabamians to access necessary healthcare without going bankrupt.

Participants generally agree that Alabamians with chronic preexisting conditions who are ineligible for Medicaid or Medicare face significant challenges gaining adequate health coverage. Advocates indicated that they support an Exchange that negotiates with insurers and selectively chooses plans on the basis of value. During discussion, participants articulated that under-insurance and caps on coverage are also significant challenges for Alabamians with chronic illnesses or disabilities. Improving access will require expanding coverage that includes comprehensive benefits.

Participants also agree that Alabama lacks adequate capacity to meet the demand for health services—and expressed concern that expanding insurance will accentuate this problem. The advocates participating represent individuals in both rural and urban communities throughout Alabama. Their ideal solution would combine efforts to expand insurance with efforts to expand availability of appropriate services for individuals needing care, especially those with chronic conditions.

In general, this group supports a model that authorizes the governing board to negotiate with insurers and select plans on the basis of value and coverage. At the same time, they are amenable to a market organizer model, which might encourage more plans to enter the Alabama market, but would prefer that the governing board maintain the authority to selectively contract over time with plans providing greater value.

Advocates that attended the focus group said they are willing and ready to assist the state with planning and implementation of an Alabama Exchange. They are committed to providing their members with information and assistance navigating an Exchange, and welcome the opportunity to share member feedback with the state leaders responsible for operating the Exchange. They also would appreciate having the opportunity to be included as decisions about the Exchange are solidified.

THEMES FOR FURTHER CONSIDERATION

In June 2011, Governor Bentley issued an executive order establishing a Study Commission responsible for providing the Governor and legislature with recommendations for the establishment of an Alabama Health Insurance Exchange. Several of the decisions before the Study Commission require a sophisticated understanding of the current insurance market and the options for establishing a state Exchange. Although many of the technical decisions will require information from complementary studies being conducted by the LMI project team, stakeholder preferences will also influence these recommendations.

Throughout this process, several strong preferences surfaced across stakeholder groups. These congruencies reflect that stakeholders think the current level of uninsured and underinsured Alabamians is a serious problem and that state intervention is essential to address it. Participants identified affordability as the greatest barrier in both the individual and small group markets, and support the use of federal funds to make insurance more affordable.

Stakeholders agree that a key priority for an Alabama Health Insurance Exchange should be to increase competition in the individual and small group insurance markets. They strongly prefer an independent Exchange governance structure with the authority to facilitate greater competition in the short term and the authority to become more selective over time. They also agree that the Exchange governance board should include knowledgeable experts and stakeholder

representatives, and believe they should be consulted regarding representation in the appointment process.

Stakeholders universally agree that the state's ALL Kids program is a successful model, and though they generally support an integrated application and enrollment process, they caution that new enrollment systems should build on the strengths of ALL Kids. In addition to an integrated application and enrollment system, stakeholders support a robust outreach and education effort. They acknowledge that consumers will need considerable assistance in determining eligibility, selecting appropriate plans, and using resources available through the Exchange.

Overall, these stakeholders recognize that low levels of insurance limit individuals' access to services and capacity in the market. They also agree that although the Exchange may improve access to health services, it will not reduce the cost of healthcare or improve health status in Alabama. Participants engaged openly in the stakeholder process and would like to maintain dialog with the state on future Exchange developments and other state health reform efforts.