

# Study discusses how to create value in insurance marketplaces

October 14 2013

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(HealthDay)—Based on experience from other markets, health insurance exchange marketplaces can create greater value for consumers, according to research published in the September issue of *Health Management, Policy and Innovation*.

Robert D. Lieberthal, Ph.D., from Thomas Jefferson University in Philadelphia, and colleagues investigated other markets to anticipate how [health insurance](#) exchanges could provide higher-value insurance plans to buyers.

The researchers note that, in state-based exchanges, the main choice is to

run an active purchaser (states choose to have the exchange contract with selected [health plans](#)) versus a clearinghouse exchange (states have the exchange contract with all qualified health plans). All plans must be accredited, and the accreditation agencies will play a role in implementing performance measures, setting standards, and providing information to consumers, and policymakers. Similar to other markets, health insurance exchanges will succeed if their benefits exceed their costs. To provide other benefits to buyers, marketplaces should restrict seller and consumer choice. Careful marketplace design will avoid benefiting intermediaries or suppliers at the consumers' expense. To be successful, marketplaces will also need to consider and respond to competitors, suppliers, and [consumers](#).

"Based on this study, we should find better ways of tailoring health insurance to individual needs," Lieberthal said in a statement. "Patients with a specific condition, such as heart disease, should be able to select a plan that has demonstrated high-quality outcomes treating other individuals with that disease."

**More information:** [Full Text](#)

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Citation: Study discusses how to create value in insurance marketplaces (2013, October 14) retrieved 5 May 2024 from

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