

MINNESOTA HEALTH INSURANCE EXCHANGE WORK GROUP REPORT

Individual Eligibility

May 18, 2012

Work Group Focus

The purpose of the work group is to provide technical assistance and information on options for criteria, functions, processes, and assistance to support streamlined individual eligibility determinations for public and private coverage through a Minnesota Health Insurance Exchange.

Work Group Members

Stephanie Radtke, Dakota County (co-lead)
Karen Gibson, Department of Human Services (co-lead)
Robert Paulsen, Exchange, Department of Commerce (co-lead)
Matt Anderson, Minnesota Hospital Association
Amy Banker – Insurance Professional
Bryan Cole, HealthPartners
Scott Donahue, Small Employer
Brian Grady, U of M Joint Degree School of Public Health and Law

Sarah Greenfield, TakeAction Minnesota
Connie Harju, Bois Forte Band of Chippewa
Matt Magnuson, PrimeWest Health
Erika Martin, Minnesota Department of Health
Bruce Morgart, Consumer
Dawn Chosa, Mille Lacs Band of Ojibwe
Karen Parkos, Allina
Anne Quincy, Legal Aid of Minnesota
David Schultz, Maslon, Edelman, Boman and Brand
Stephanie Schwartz, UCare

Meeting Update

Work group met on April 26, 2012 and reviewed our scope, charge and initial thoughts on our deliverables and approach. Reviewed other efforts that will inform our work such as the Article 9 provisions from 2011 Legislative Session which addresses the need to streamline the eligibility process for public programs in conjunction with system modernization efforts. Also discussed current status (negotiations) for the Health Insurance Exchange technical vendor and the potential impacts for eligibility processes. Reviewed and discussed the latest MDH report on current health insurance coverage in Minnesota, Medicaid eligibility changes under ACA, and highlighted the importance of staying focused on health outcomes disparities and reduction of the uninsured rate.

The group also identified potential opportunities for further discussion and potential recommendations:

- How will the Exchange handle people determined ineligible for coverage through the exchange? Referral to other resources?
- How can the Exchange application process support integration service delivery for other human services programs?

- Potential for alignment between Minnesota Health Care Programs (MHCP) eligibility rules/processes and premium tax credit rules/processes
- How will Exchange eligibility processes/rules handle “mixed households”; i.e. households with some members eligible for Medicaid, and other family members eligible for premium tax credits?
- Interaction with a potential Basic Health Plan (BHP)
- How to avoid churn in and out of the Exchange by creating a seamless eligibility process both at application and eligibility renewal
- Clarify the role of a navigator, agents or brokers in the eligibility and enrollment process

Next meeting is scheduled for Friday, June 1, 2012.

Upcoming Meeting Topics

Prioritize above topics for further discussion and develop next steps.

Discuss initial “use cases” we can use to analyze impacts of potential alternatives

Discuss any initial recommendations we are ready to make.