

## Minnesota Health Insurance Exchange Measurement and Reporting Technical Work Group

### Meeting Summary

May 14, 2012

#### I. Welcome

Co-chair Ms. Katie Burns welcomed members back to the Measurement and Reporting Technical Work Group. Ms. Burns provided an overview of the meeting agenda and welcomed guest presenter Ms. Lynn Quincy. Ms. Quincy is a Senior Policy Analyst at Consumers Union in Washington D.C. where she works on a wide variety of health policy issues, focusing primarily on the areas of consumer protection and health insurance reform at the federal and state levels. Ms. Quincy joined the work group via webinar.

#### II. Presentation and Discussion

Ms. Quincy presented to the work group on “How Consumers Shop for Health Insurance: Lessons for Exchange Designers.” Supporting materials for this presentation can be found at the following links:

- “What’s Behind the Door: Consumers’ Difficulties Selecting Health Plans,” Consumers Union:  
<http://www.consumersunion.org/pub/pdf/Consumer%20Difficulties%20Selecting%20Health%20Plans%20Jan%202012.pdf>
- “Creating a Useable Measure of Actuarial Value,” Consumers Union:  
[http://www.consumersunion.org/pub/pdf/CU\\_Actuarial\\_Value\\_2012\\_Report.pdf](http://www.consumersunion.org/pub/pdf/CU_Actuarial_Value_2012_Report.pdf)

Work group members had an opportunity to ask questions and provide comments. The following issues were discussed:

- Exchanges need to do a number of things to aid consumer understanding and decision making. Some tools might include roll over definitions and consumer examples. It is anticipated that these types of tools will evolve over time. As Exchanges move forward with a variety of decision support tools, they should be tested to determine usefulness and consumer understanding.
- Exchanges will face challenges related to which organizations consumers trust to supply them with information about a health plan. Generally consumers are more likely to trust well-recognized community entities (in some cases, a sports team) or family members for this type of information. Consequently, the work group will need to think about how they can get at this “trusted source” component as they consider the options for displaying information to support consumer decision making.
- The Consumers Union testing yielded some individual consumer articulated concerns related to whether insurers can be trusted. This consumer sentiment may decrease over time as plans become more standardized in order to meet ACA requirements.

- Consumers Union testing did not yield potential concerns from consumers about whether the information about metal level tiers was trustworthy. Consumers were able to quickly and easily understand that metal levels refer to how comprehensive a health insurance policy is.
- The Summary of Benefits Coverage (SBC) documents were consumer tested separately by Consumers Union and by insurers. The testing of the SBC provided extremely useful information which yielded similar results between the testing by Consumers Union and by health plans. Ms. Quincy recommended that consumer testing be done at the local level as it provides invaluable learning opportunities.
  - The SBC also includes a glossary which is text based. Consumer testing highlighted that this component was helpful but insufficient to help consumers understand the scope of their coverage.
- Consumers are more interested in how people like them evaluate their experience with an insurer as opposed to the opinions of a broader population. . One way to make information on the Exchange as effective as possible is to think about how to frame the information in this manner.
- When considering the type of questions to ask consumers prior to displaying health plan options from which they can choose, the initial questions should be fairly limited. Consumers have to be asked some basic questions like family size and age, but ideally they should be able to get to the initial results quickly.
- The Consumers Union testing included all English-speaking individuals and was not specifically targeted to vulnerable populations. However, the testing found that even for this group there was difficulty understanding health plan information for consumer decision making.
  - It was noted that vulnerable populations may have some additional characteristics which distinguish them from this group related to trust in particular, as well as other considerations.
- Initially the Exchange may most effectively help consumers compare cost and quality by displaying cost and quality information simultaneously rather than as part of one combined cost/quality measure. Consumers would likely appreciate a combined measure of cost and quality *if* they trusted the information. However, it will be challenging to get to this point and is likely something that will need to be done over time.
- Regulators will evaluate the underlying cost-sharing components related to the actuarial value calculation of the various plans. Consumers do not have the tools to perform this analysis.
- In regards to the calculation of actuarial value, there is interest from a variety of stakeholders in Minnesota to use Minnesota data in the national calculator when determining actuarial value.
- The currently available research from Consumers Union on the information presented is qualitative in nature. There will be some upcoming research that is more quantitative.

The following additional resources for future considerations were noted by Ms. Quincy:

- In terms of additional resources for information on quality testing, one might consider the work on the National Committee on Quality Assurance (NCQA) or that of Dr. Judith Hibbard. Dr. Hibbard has also done some work related to the reporting of a combined measure of cost and quality. .
- The Consumer Checkbook prototype was used as an example in this presentation. Consumers Union does not endorse any particular product, but uses this as an example of how the information can be displayed.

### III. Finalizing Principles Document

The work group revisited the revised Guiding Principles document. The following issues were discussed:

- The principles document seems to go beyond principles to discuss tactics and strategies as well. The document scope will be reframed to address the broad inclusion of these various components and be reorganized to separate out principles from tactics and strategies.
- A principle should be added regarding the promotion of health literacy across diverse populations to address the work of this group as it relates to various sections of the population.
  - This principle should be broader in scope than solely related to certain conditions. It should also include literacy regarding the concept of value in health care.
- The principles do not contain a quantitative measure of success. However, the work group has acknowledged that it needs to consider future evaluation mechanisms to determine the usefulness of the information that is displayed.
- The idea of testing potential measures with a consumer audience was broadened to include a mention of testing with diverse populations. This addition addresses the importance of ensuring the information is understandable for multiple segments of the population.
- The work group should continue to consider the likelihood that there will be issues with small numbers in terms of reporting data at the qualified health plan (QHP) level.
- It was noted that steering consumers toward data is distinct from having the ability to customize the information for the user's particular situation. For example, if one has diabetes then selecting information related to diabetes would be of particular interest. While this is a difficult task, keeping this functionality in mind for this iteration or future iterations will be important.

Clarification was provided on the following points:

- The principles document is intended to aid the work group as it takes up various topics. While the document will be shared with the Advisory Task Force, it is mainly intended as a frame of reference for this work group. With this in mind, Exchange staff will make changes suggested in today's meeting and we will consider the document final.

- Decreasing the Minnesota uninsured rate is a central goal of the Exchange. However, the specific scope of this work group is to make sure the information is understandable for various segments of the population (e.g., insured, uninsured).

IV. Wrap Up and Next Steps

The work group discussed the following potential agenda items for upcoming meetings:

- Information on the testing of quality measures by NCQA.
- Information on the work of the Pacific Business Group on Health (PBGH) related to consumers interpretation of cost sharing information and other decision support pieces.
- A discussion of the current work in race, ethnicity, and language data collection. This potential eventual discussion would be framed in relation to the scope of this work group.

**Next Meeting:** Monday, June 11<sup>th</sup> 1:30 p.m. – 3:30 p.m.